

1.) CORPORATION NAME:

**Holy Transfiguration Greek Orthodox Church  
of Charlottesville, Virginia Inc.**

DUE DATE: **12/31/2015**

SCC ID NO: **06876809**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**PETER J CARAMANIS  
ROYER, CARAMANIS & MCDONOUGH, PLC  
200-C GARRETT ST.**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

**CHARLOTTESVILLE, VA**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**CHARLOTTESVILLE CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 100 PERRY DR

CITY/ST/ZIP: CHARLOTTESVILLE, VA 22902

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	KERRY P CARAMANIS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	3302 SANDOWN PARK RD		
CITY/ST/ZIP/CO:	KESWICK, VA 22947		
NAME:	MICHAEL BOURNOS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	275 MALLARD LAKE DR.		
CITY/ST/ZIP/CO:	EARLYSVILLE, VA 22936		
NAME:	MARY STRATOS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	2165 NORTH PANTOPS DR.		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22911		
NAME:	DYAN ARETAKIS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	5065 BROOKVIEW RD.		
CITY/ST/ZIP/CO:	CROZET, VA 22932		
NAME:	PERRY GEROS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2617 HUNTINGTON RD.		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22901		
NAME:	ELENI HEESCHEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2594 EARLYSVILLE RD.		
CITY/ST/ZIP/CO:	EARLYSVILLE, VA 22936		

NAME: ALYN MINNERLY TITLE: DIRECTOR ADDRESS: 1508 TRAILRIDGE RD. CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22903	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: CHARLES STRATOS TITLE: DIRECTOR ADDRESS: 717 LYONS AVE. CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22902	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: THOMAS VANGELOPOULOS TITLE: DIRECTOR ADDRESS: 1671 HUBBARD CT. CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22903	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ KERRY P CARAMANIS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	KERRY P CARAMANIS, PRESIDENT PRINTED NAME AND CORPORATE TITLE	12/14/2015 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		