

1.) CORPORATION NAME: Faith & Grace Christian Fellowship	DUE DATE: 1/31/2013
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: NATHANIEL REXRODE 5771 HEARDS MTN RD COVESVILLE, VA 22931	SCC ID NO: 06883656
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: ALBEMARLE COUNTY	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: VA	

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 232

CITY/ST/ZIP: COVESVILLE, VA 22931

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: NATHANIEL REXRODE	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: PRESIDENT				
ADDRESS: 5771 HEARDS MTN RD				
CITY/ST/ZIP/CO: COVESVILLE, VA 22931				

NAME: DELMAS REXRODE	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: VICE PRESIDENT				
ADDRESS: 3678 HUNGRYTOWN ROAD				
CITY/ST/ZIP/CO: COVESVILLE, VA 22931				

NAME: SANDRA KELSO	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
TITLE: TREASURER				
ADDRESS: 6001 BROKEN SUN ROAD				
CITY/ST/ZIP/CO: COVESVILLE, VA 22931				

NAME: CYNTHIA NAPIER	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
TITLE: SECRETARY				
ADDRESS: 5620 COVE GARDEN ROAD				
CITY/ST/ZIP/CO: COVESVILLE, VA 22931				

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/ SANDRA KELSO	SANDRA KELSO, TREASURER	1/18/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.