

1.) CORPORATION NAME:

**Shiloh Baptist Church of King George, VA**

DUE DATE: **9/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**FRANK MOORE  
13457 KINGS HWY  
KING GEORGE, VA 22485-3015**

SCC ID NO: **06993414**

5.) STOCK INFORMATION

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

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**KING GEORGE COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 13451 KINGS HWY

CITY/ST/ZIP: KING GEORGE, VA 22485

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:	FRANK MOORE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	12341 MILLBANK ROAD		
CITY/ST/ZIP/CO:	KING GEORGE, VA 22485		
NAME:	BONNIE BOWEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	12229 MILBANK RD		
CITY/ST/ZIP/CO:	KING GEORGE, VA 22485		
NAME:	TOM BREEZE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	15376 GREENLAW WAY		
CITY/ST/ZIP/CO:	KING GEORGE, VA 22485		
NAME:	JOHN BUSIC	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	12418 CHESTER COURT		
CITY/ST/ZIP/CO:	KING GEORGE, VA 22485		
NAME:	GAIL DAVIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 633		
CITY/ST/ZIP/CO:	KING GEORGE, VA 22485		
NAME:	Connie S. Norris	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	17542 Wilmont Rd		
CITY/ST/ZIP/CO:	King George, VA 22485		

NAME: Bob Band TITLE: DIRECTOR ADDRESS: 12456 Ascot Close Dr CITY/ST/ZIP/CO: King George, VA 22485	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
---	----------------------------------	--

NAME: Brenda Hastings TITLE: DIRECTOR ADDRESS: P.O. Box 118 CITY/ST/ZIP/CO: Dogue, VA 22451	<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/ Connie S.Norris	Connie S.Norris,	1/31/2013
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.