

1.) CORPORATION NAME: **The Church of the Good Shepherd Inc.** DUE DATE: **12/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **NATALIE MILLER** SCC ID NO: **07025612**

**2980 CEDAR CREEK GRADE
WINCHESTER, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
FREDERICK COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:
VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 645 BERRYVILLE AVE
 CITY/ST/ZIP: WINCHESTER, VA 22601

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: JEFFREY BARBOUR TITLE: PRESIDENT ADDRESS: 2816 SARATOGA DRIVE CITY/ST/ZIP/CO: WINCHESTER, VA 22601	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BARBARA MARTIN TITLE: VICE PRESIDENT ADDRESS: 1805 BELMONT AVENUE CITY/ST/ZIP/CO: FRONT ROYAL, VA 22630	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: NATALIE C MILLER TITLE: TREAS/BRD MEM ADDRESS: 2980 CEDAR CREEK GRADE CITY/ST/ZIP/CO: WINCHESTER, VA 22602	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: VERNON BRAY TITLE: DIRECTOR ADDRESS: 313 SUTTON PLACE CITY/ST/ZIP/CO: WINCHESTER, VA 22601	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BECKY BRAY TITLE: DIRECTOR ADDRESS: 313 SUTTON PLACE CITY/ST/ZIP/CO: WINCHESTER, VA 22601	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BRIAN HAWKINS TITLE: DIRECTOR ADDRESS: 501 BUCKINGHAM DRIVE CITY/ST/ZIP/CO: STEPHENS CITY, VA 22655	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: BETTY HOTT TITLE: DIRECTOR ADDRESS: 4544 N FREDERICK PIKE CITY/ST/ZIP/CO: WINCHESTER, VA 22603	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JEFF KERNS TITLE: DIRECTOR ADDRESS: 129 FAY STREET CITY/ST/ZIP/CO: WINCHESTER, VA 22601	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: STEVE SCOTHORN TITLE: DIRECTOR ADDRESS: 333 SONGBIRD LANE CITY/ST/ZIP/CO: WINCHESTER, VA 22603	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CHARLES SEE TITLE: DIRECTOR ADDRESS: ROUTE 1 BOX 415 CITY/ST/ZIP/CO: HIGH VIEW, WV 26808	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ROBIN STAUBS TITLE: DIRECTOR ADDRESS: 3815 CHESTNUT HILL ROAD CITY/ST/ZIP/CO: HARPERS FERRY, WV 25425	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BRYAN STOTLER TITLE: DIRECTOR ADDRESS: 149 LAMBDEN AVENUE CITY/ST/ZIP/CO: WINCHESTER, VA 22601	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BERNIE WITSBERGER TITLE: DIRECTOR ADDRESS: 13 PARKVIEW AVENUE CITY/ST/ZIP/CO: WINCHESTER, VA 22601	<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/ NATALIE C MILLER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	NATALIE C MILLER, TREAS/BRD MEM PRINTED NAME AND CORPORATE TITLE	10/27/2014 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.		