

1.) CORPORATION NAME:

**Bread for Life Community Food Pantry, Inc.**

DUE DATE: **6/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ROBERT H. QUINZEL  
6352 KELLYS PL  
GLOUCESTER, VA**

SCC ID NO: **07104680**

5.) STOCK INFORMATION

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

**GLOUCESTER COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6352 KELLYS PL

CITY/ST/ZIP: GLOUCESTER, VA 23061

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: ROBERT H QUINZEL TITLE: EXEC DIR./TREAS ADDRESS: 6352 KELLYS PL CITY/ST/ZIP/CO: GLOUCESTER, VA 23061	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: FR. JIM COWLES TITLE: VICE CHAIRMAN ADDRESS: CHURCH OF ST THERESE CITY/ST/ZIP/CO: GLOUCESTER, VA 23061	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: REV JIM LARSEN TITLE: CHAIRMAN ADDRESS: PO BOX 1010 CITY/ST/ZIP/CO: GLOUCESTER, VA 23061	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SUSAN M QUINZEL TITLE: SECRETARY ADDRESS: 6352 KELLYS PL CITY/ST/ZIP/CO: GLOUCESTER, VA 23061	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ED DRECHSEL TITLE: DIRECTOR ADDRESS: 5918 BEECH TREE CT CITY/ST/ZIP/CO: GLOUCESTER, VA 23061	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RON DUKE TITLE: DIRECTOR ADDRESS: 8737 COLES LANDING RD CITY/ST/ZIP/CO: GLOUCESTER, VA 23061	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	REV DOUG NAGEL DIRECTOR PO BOX 584 GLOUCESTER, VA 23061	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	REV MIKE GRAY DIRECTOR 6169 MAIN ST GLOUCESTER, VA 23061	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ ROBERT H QUINZEL SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ROBERT H QUINZEL, EXEC DIR./TREAS PRINTED NAME AND CORPORATE TITLE	4/24/2013 DATE
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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.