

1.) CORPORATION NAME:

LEESBURG BAPTIST CHURCH Inc.

DUE DATE: **7/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**KAREN N. VAN HORN
835 LEE AVE SW
LEESBURG, VA**

SCC ID NO: **07116288**

5.) STOCK INFORMATION

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

LOUDOUN COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 835 LEE AVENUE SW

CITY/ST/ZIP: LEESBURG, VA 20175

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:	ELI YARBROUGH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	19962 TELEGRAPH SPRINGS RD.		
CITY/ST/ZIP/CO:	PURCELLVILLE, VA 20134		
NAME:	KAREN N. VAN HORN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	701 FALL PLACE		
CITY/ST/ZIP/CO:	HERNDON, VA 20170		
NAME:	KENT BALLARD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	508 STONEMASON PLACE		
CITY/ST/ZIP/CO:	PURCELLVILLE, VA 20132		
NAME:	PRESCOTT ENGLE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	38904 HUGHESVILLE		
CITY/ST/ZIP/CO:	LEESBURG, VA 20175		
NAME:	MARK FRANCIS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	203 COLLEEN DR. NE		
CITY/ST/ZIP/CO:	LEESBURG, VA 20176		
NAME:	CHRISTOPHER HARVEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	17651 WHITE GATE PLACE		
CITY/ST/ZIP/CO:	LEESBURG, VA 20175		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAWN LAMBERT DIRECTOR 40729 HANNAH DR. WATERFORD, VA 20197	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HUGO SANCHEZ DIRECTOR 880 BUTTONWOOD TERR. NE LEESBURG, VA 20176	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CURRELL TIFFANY DIRECTOR 103 Country Club Drive, SW Leesburg, VA 20175	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CAROLE SALGADO DIRECTOR 23000 OLYMPIA DR. LEESBURG, VA 20148	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRIS RIZZO DIRECTOR 220 WILDMAN STREET LEESBURG, VA 20176	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BILL HAUN DIRECTOR 211 QUEEN ST. NE LEESBURG, VA 20176	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TONY GENTRY DIRECTOR 22109 HIGHVIEW TRAIL PLACE BROADLANDS, VA 20148	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NOEL BROWN DIRECTOR 17700 FORT JOHNSTON ROAD LEESBURG, VA 20176	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GARY BARE DIRECTOR 41537 SOUTHPAW PLACE LEESBURG, VA 20175	<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.

<u>/s/ KAREN N. VAN HORN</u>	<u>KAREN N. VAN HORN,</u>	<u>7/29/2013</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY 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.