

1.) CORPORATION NAME:

Christopher Scott Gower Celebration of LifeFoundation

DUE DATE: **8/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ROBERT EARLE GOWER
2408 JOHNSTOWN RD
CHESAPEAKE, VA 23322-2760**

SCC ID NO: **07127566**

5.) STOCK INFORMATION

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

CHESAPEAKE CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2408 JOHNSTOWN ROAD

CITY/ST/ZIP: CHESAPEAKE, VA 23322

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	BECKY S GOWER	
TITLE:	PRESIDENT	
ADDRESS:	2408 JOHNSTOWN ROAD	
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23322	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ROBERT EARLE GOWER	
TITLE:	VP/TREAS	
ADDRESS:	2408 JOHNSTOWN ROAD	
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23322	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	KELLI D JORDAN	
TITLE:	SECRETARY	
ADDRESS:	3113 HILBURN DRIVE	
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23323	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JEFFERY M JENNEY	
TITLE:	DIRECTOR	
ADDRESS:	5401CLUB HEAD RD	
CITY/ST/ZIP/CO:	VIRGINIA BEACH, VA 23455	

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 EARLE GOWER	ROBERT EARLE GOWER,	8/14/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	VP/TREAS 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.