

1.) CORPORATION NAME:

DUE DATE: **2/28/2014**

KirkWood Presbyterian Church of Yorktown

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **07196488**

**CHARLES A WESTBROOK
112 ROWE DRIVE
POQUOSON, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
POQUOSON CITY (FILED IN YORK COUNTY)

4.) STATE OR COUNTRY OF INCORPORATION:
VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1209 HAMPTON HWY

CITY/ST/ZIP: YORKTOWN, VA 23693

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:	CHARLES A. WESTBROOK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	112 ROWE DRIVE		
CITY/ST/ZIP/CO:	POQUOSON, VA 23662		
NAME:	LINDA C BRIGGS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	111 AUTUMN WAY		
CITY/ST/ZIP/CO:	YORKTOWN, VA 23693		
NAME:	RICHARD EGYUD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	100 OAK POINT LN		
CITY/ST/ZIP/CO:	YORKTOWN, VA 23692		
NAME:	WILLIAM P. GILBERT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	23 TROTTWOOD DRIVE		
CITY/ST/ZIP/CO:	POQUOSON, VA 23662		
NAME:	REGINA GAYLE HARRIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	646 SEA TURTLE WAY		
CITY/ST/ZIP/CO:	NEWPORT NEWS, VA 23601		
NAME:	THEODORE LOVDAHL, III	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	231 FINCASTLE DRIVE		
CITY/ST/ZIP/CO:	NEWPORT NEWS, VA 23601		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	APRIL JOY MERSHON DIRECTOR 517 DUNN CIRCLE HAMPTON, VA 23666	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NATHAN C. NICKERSON, JR. DIRECTOR 6 EVANS GROVE POQUOSON, VA 23662	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KATE MICHELLE RITTER DIRECTOR 103 CRESTWOOD COURT YORKTOWN, VA 23692	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BENJAMIN ROBERT SCOTT DIRECTOR 102 KATHLEEN PLACE YORKTOWN, VA 23693	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUSAN ELIZABETH SEARLES DIRECTOR 30 DRYDEN DRIVE POQUOSON, VA 23662	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROGER DALE CRONE DIRECTOR 104 AMBROSE LANE YORKTOWN, VA 23690	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID MICHAEL FORE DIRECTOR 102 TUTELO TURN YORKTOWN, VA 23693	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DONNA LYNN OHARA DIRECTOR 100 HEATH PLACE YORKTOWN, VA 23693	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ARBA G. WILLIAMSON DIRECTOR 114 BUFFIE ROAD YORKTOWN, VA 23693	<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/ CHARLES A. WESTBROOK</u>	<u>CHARLES A. WESTBROOK,</u>	<u>1/16/2014</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRESIDENT 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.