

1.) CORPORATION NAME:

DUE DATE: **7/31/2012**

Camp Quest Chesapeake

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **07256100**

**CHARLES THOMAS ARATA
125 MARKET ST APT 332
MANASSAS PARK, VA 20111**

5.) STOCK INFORMATION

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

MANASSAS PARK (FILED IN PRINCE WILLIAM COUNTY)

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 125 MARKET ST APT 332

CITY/ST/ZIP: Manassas Park, VA 20111

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 type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	FREDERICK GREEN	
TITLE:	DIRECTOR	
ADDRESS:	28456 MOREL WAY	
CITY/ST/ZIP/CO:	RHODESVILLE, VA 22542	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	SARAH MENON	
TITLE:	DIRECTOR	
ADDRESS:	3094 S GLEBE RD	
CITY/ST/ZIP/CO:	ARLINGTON, VA 22206	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	AZURE HANSEN	
TITLE:	DIRECTOR	
ADDRESS:	137 MAXWELL AVE	
CITY/ST/ZIP/CO:	ROCHESTER, NY 14619	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	RICHARD KELLER	
TITLE:	DIRECTOR	
ADDRESS:	12124 BRISTOW ROAD	
CITY/ST/ZIP/CO:	BRISTOW, VA 20136	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	CHELSEA PAVEY	
TITLE:	SECRETARY	
ADDRESS:	1396 MARTIN LUTHER KING JR DR	
CITY/ST/ZIP/CO:	ATLANTA, GA 30314	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Charles Thomas Arata	
TITLE:	CHAIRMAN	
ADDRESS:	125 MARKET ST APT 332	
CITY/ST/ZIP/CO:	Manassas Park, VA 20111	

NAME:	Joshua Bennett	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	23 East 33rd St		
CITY/ST/ZIP/CO:	Richmond, VA 23224		

NAME:	Megan McNally	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	1763 Arlin Place Apt D		
CITY/ST/ZIP/CO:	Fairborn, OH 45324		

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/ SARAH MENON	SARAH MENON, DIRECTOR	10/3/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	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.