

1.) CORPORATION NAME:

Churchill Drive Group Home, Inc.

DUE DATE: **9/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**GARY M NUCKOLS
725 JACKSON ST STE 200
FREDERICKSBURG, VA**

SCC ID NO: **07283344**

5.) STOCK INFORMATION

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

FREDERICKSBURG CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 600 JACKSON STREET

CITY/ST/ZIP: FREDERICKSBURG, VA 22401

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:	RONALD W. BRANSCOME	
TITLE:	PRESIDENT	
ADDRESS:	213 SLEEPY HOLLOW TRAIL	
CITY/ST/ZIP/CO:	FREDERICKSBURG, VA 22405	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	CHARLES A. COOPER, SR.	
TITLE:	VICE PRESIDENT	
ADDRESS:	109 WEST WILDWOOD LANE	
CITY/ST/ZIP/CO:	FREDERICKSBURG, VA 22405	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	B. ANNETTE JOHNSON	
TITLE:	SEC/TREAS	
ADDRESS:	610 JETT STREET	
CITY/ST/ZIP/CO:	FREDERICKSBURG, VA 22405	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	AL COLLINS	
TITLE:	DIRECTOR	
ADDRESS:	21418 KIDDS FORK ROAD	
CITY/ST/ZIP/CO:	BOWLING GREEN, VA 22427	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	CHARLES A. COOPER, JR.	
TITLE:	DIRECTOR	
ADDRESS:	109 WEST WILDWOOD LANE	
CITY/ST/ZIP/CO:	FREDERICKSBURG, VA 22405	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	LAWRENCE A. DAVIES	
TITLE:	DIRECTOR	
ADDRESS:	1301 CARDWELL STREET	
CITY/ST/ZIP/CO:	FREDERICKSBURG, VA 22401	

NAME: EDITH O. FLEMING TITLE: DIRECTOR ADDRESS: 829 LINCOLN DRIVE CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22407	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: IRA WEST TITLE: DIRECTOR ADDRESS: P.O. BOX 59 CITY/ST/ZIP/CO: DAHLGREN, VA 22448	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BARBARA WILLIAMS TITLE: DIRECTOR ADDRESS: 60 BRIMLEY DRIVE CITY/ST/ZIP/CO: APARTMENT 202 FREDERICKSBURG, VA 22406	<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.		
/s/ RONALD W. BRANSCOME SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	RONALD W. BRANSCOME, PRESIDENT PRINTED NAME AND CORPORATE TITLE	8/5/2013 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.		