

1.) CORPORATION NAME:

**Unity Presbyterian Church of Danville, Virginia, Inc.**

DUE DATE: **2/28/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**TOMMY MOORE  
835 FRANKLIN TURNPIKE  
DANVILLE, VA 24540**

SCC ID NO: **07337850**

5.) STOCK INFORMATION

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

**DANVILLE CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 835 FRANKLIN TURNPIKE

CITY/ST/ZIP: DANVILLE, VA 24540

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:	BOBBY BAKER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	124 CUMBERLAND DRIVE		
CITY/ST/ZIP/CO:	DANVILLE, VA 24541		
NAME:	BETTY PARRISH STUMP	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	3361 RINGGOLD CHURCH ROAD		
CITY/ST/ZIP/CO:	RINGGOLD, VA 24586		
NAME:	RACHEL WIMMER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	119 CONWAY ROAD		
CITY/ST/ZIP/CO:	DANVILLE, VA 24540		
NAME:	SHERRI STUMP TUCK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	501 WESTVIEW DRIVE		
CITY/ST/ZIP/CO:	DANVILLE, VA 24540		
NAME:	BONNIE BUTLER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	172 CUMBERLAND DRIVE		
CITY/ST/ZIP/CO:	DANVILLE, VA 24541		
NAME:	LOIS FLOYD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	340 PARKLAND DRIVE		
CITY/ST/ZIP/CO:	DANVILLE, VA 24540		

NAME: TOMMY MOORE TITLE: DIRECTOR ADDRESS: 651 DOVER PLACE CITY/ST/ZIP/CO: DANVILLE, VA 24541	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CINDY SMITH TITLE: DIRECTOR ADDRESS: 185 ALPINE DRIVE CITY/ST/ZIP/CO: DANVILLE, VA 24540	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: NOEL THOMPSON TITLE: DIRECTOR ADDRESS: 325 CUMBERLAND DRIVE CITY/ST/ZIP/CO: DANVILLE, VA 24541	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Earl Morris TITLE: DIRECTOR ADDRESS: 322 Cumberland Drive CITY/ST/ZIP/CO: Danville, VA 24541	<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/ BOBBY BAKER	BOBBY BAKER, PRESIDENT	2/18/2013
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.		