

1.) CORPORATION NAME:

**Freedom Museum, Inc.**

DUE DATE: **6/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NORBORNE P BEVILLE JR  
9305 GRANT AVE  
MANASSAS, VA 20110**

SCC ID NO: **07379654**

5.) STOCK INFORMATION

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

**MANASSAS CITY (FILED IN PRINCE WILLIAM COUNTY)**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 10600 HARRY J PARRISH BLVD#4

CITY/ST/ZIP: MANASSAS, VA 20110

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:	JAMES R PORTER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	10493 CORAL BERRY DRIVE		
CITY/ST/ZIP/CO:	MANASSAS, VA 20110		
NAME:	GENE WELLS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	WOODBINE FAMILY WORSHIP		
CITY/ST/ZIP/CO:	MANASSAS, VA 20110		
NAME:	ROBERT V. FINCH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	8858 OLDE MILL RUN		
CITY/ST/ZIP/CO:	MANASSAS, VA 20110		
NAME:	JOHN R. LILLEY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	4315 ALDIE ROAD		
CITY/ST/ZIP/CO:	CATHARPIN, VA 20143		
NAME:	PAUL PURTELL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	9926 PORTSMOUTH ROAD		
CITY/ST/ZIP/CO:	MANASSAS, VA 20109		
NAME:	CLAUDE J. BRADSHAW	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11913 BLUEBIRD LANE		
CITY/ST/ZIP/CO:	CATHARPIN, VA 20143		

NAME: KEVIN C. RYCHLIK TITLE: DIRECTOR ADDRESS: 14817 GLEN KIRK ROAD CITY/ST/ZIP/CO: NOKESVILLE, VA 20181	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: JOHN O. GREGORY TITLE: DIRECTOR ADDRESS: 9111 PEABODY STREET CITY/ST/ZIP/CO: MANASSAS, VA 20110	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ JOHN R. LILLEY	JOHN R. LILLEY, SECRETARY	6/3/2012
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.