

1.) CORPORATION NAME: The Augusta Christian Educators, Inc.	DUE DATE: 7/31/2013
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: JEFFREY A WARD 129 N WAYNE AVE WAYNESBORO, VA	SCC ID NO: 07396781
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: WAYNESBORO CITY	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: VA	

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3054 BARTERBROOK ROAD

CITY/ST/ZIP: STAUNTON, VA 24401

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: CAROLYN A COOP TITLE: PRESIDENT ADDRESS: 3054 BARTERBROOK ROAD CITY/ST/ZIP/CO: STAUNTON, VA 24401	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: KATHY KILMER TITLE: VICE PRESIDENT ADDRESS: 816 HILLCREST DRIVE CITY/ST/ZIP/CO: STAUNTON, VA 24401	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: DANA REXRODE TITLE: SECRETARY ADDRESS: 5771 HEARDS MOUNTAIN ROAD CITY/ST/ZIP/CO: COVESVILLE, VA 22931	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: MELINDA WISSLER TITLE: TREASURER ADDRESS: 514 MT TORREY RD CITY/ST/ZIP/CO: LYNDBURST, VA 22952	<input checked="" 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/ CAROLYN A COOP	CAROLYN A COOP, PRESIDENT	7/19/2013
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.