

1.) CORPORATION NAME:

**SAINT PAUL'S DEVELOPMENT COALITION, INC.**

DUE DATE: **8/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CARL C LA MONDUE  
500 E PLUME ST STE 400  
NORFOLK, VA 23510**

SCC ID NO: **07401946**

5.) STOCK INFORMATION

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

**NORFOLK CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 500 E. Plume Street  
Suite 400

CITY/ST/ZIP: Norfolk, VA 23510

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:	ROBERT G MURRAY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	418 EAST BUTE STREET		
CITY/ST/ZIP/CO:	NORFOLK, VA 23510		

NAME:	JAMES WATSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	703 E VIRGINIA BEACH BLVD		
CITY/ST/ZIP/CO:	NORFOLK, VA 23504		

NAME:	Michelle Cook	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	589 Ruffner St		
CITY/ST/ZIP/CO:	Norfolk, VA 23504		

NAME:	A. Bruce Williams	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	1068 Meadow Grove Trl		
CITY/ST/ZIP/CO:	Virginia Beach, VA 23455		

NAME:	Paul Wright	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	545 E. Bute Street		
CITY/ST/ZIP/CO:	Norfolk, VA 23510		

NAME:	Glen Porter	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	413 E. Bute Street		
CITY/ST/ZIP/CO:	Norfolk, VA 23510		

NAME: Robin Powell TITLE: DIRECTOR ADDRESS: 418 E. Bute Street CITY/ST/ZIP/CO: Norfolk, VA 23510	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Jimmie White TITLE: DIRECTOR ADDRESS: 852 Tidewater Drive Suite D CITY/ST/ZIP/CO: Norfolk, VA 23504	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Deborah Ross TITLE: DIRECTOR ADDRESS: 934 Charlotte Street CITY/ST/ZIP/CO: Norfolk, VA 23504	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Rodney Jordan TITLE: SECRETARY ADDRESS: 304 W. 36th Street CITY/ST/ZIP/CO: Norfolk, VA 23504	<input checked="" 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/ Rodney Jordan	Rodney Jordan, SECRETARY	10/22/2012
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.		