

1.) CORPORATION NAME: <b>Seasons of Hope Center for Grief, Loss and Transition</b>	DUE DATE: <b>8/31/2012</b>		
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>JULIE K WEATHERINGTON          2805 MT AIRY CT          WOODBRIDGE, VA 22192</b>	SCC ID NO: <b>07402357</b>		
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>PRINCE WILLIAM COUNTY</b>	5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> </table>	CLASS	AUTHORIZED
CLASS	AUTHORIZED		
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>			

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2805 Mt Airy Ct

CITY/ST/ZIP: Woodbridge, VA 22192

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 type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JULIE K WEATHERINGTON TITLE: DIRECTOR ADDRESS: 2805 MT AIRY CT CITY/ST/ZIP/CO: WOODBRIDGE, VA 22192		

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LAURIE A WEISS-BRAUNSTEIN TITLE: DIRECTOR ADDRESS: 14345 BROOKMERE DR CITY/ST/ZIP/CO: CENTREVILLE, VA 20120		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Julie Weatherington TITLE: PRESIDENT ADDRESS: 2805 Mt Airy Ct CITY/ST/ZIP/CO: Woodbridge, VA 22192		

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/ Julie Weatherington	Julie Weatherington, PRESIDENT	10/4/2012
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.