

SCC eFile

**2015 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

215501960

1.) CORPORATION NAME:

Resurrection Evangelical Lutheran Church

DUE DATE: **1/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**WILLIAM MUHR
400 CHESHIRE FOREST DRIVE
CHESAPEAKE, VA**

SCC ID NO: **07606551**

5.) STOCK INFORMATION

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

CHESAPEAKE CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 916 CENTERVILLE PKWY N

CITY/ST/ZIP: CHESAPEAKE, VA 23320

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:	WILLIAM MUHR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	400 CHESHIRE FOREST DR		
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23322		
NAME:	JERRY DRETSCH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	808 WINDSOR POINT		
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23322		
NAME:	PAUL CAVANAUGH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2401 SANYDAYFALLS WAY		
CITY/ST/ZIP/CO:	VIRGINIA BEACH, VA 23456		
NAME:	JONATHAN FISCHER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PASTOR		
ADDRESS:	4624 CARDINGTON COURT		
CITY/ST/ZIP/CO:	VIRGINIA BEACH, VA 23456		
NAME:	SCOTT HEROLD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	2040 DOLINA DRIVE		
CITY/ST/ZIP/CO:	VIRGINIA BEACH, VA 23464		
NAME:	MATTHEW JENKINS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1925 BIG BOULDER DRIVE		
CITY/ST/ZIP/CO:	VIRGINIA BEACH, VA 23456		

NAME:	DAVID PENSYL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	110 S. LANDING DRIVE		
CITY/ST/ZIP/CO:	MOYOCK, NC 27958		

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/ WILLIAM MUHR	WILLIAM MUHR, PRESIDENT	1/7/2015
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.