

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213511460

1.) CORPORATION NAME:

AFS of Lebanon, Inc. (USED IN VA BY: AFS of Lebanon)

DUE DATE: **1/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060**

SCC ID NO: **F1535527**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

NV

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5228 VALLEY POINT PKWY
BLDG B, STE 1

CITY/ST/ZIP: ROANOKE, VA 24019

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 checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	THOMAS M CLARKE				
TITLE:	PRESIDENT				
ADDRESS:	5228 VALLEY POINT PKWY BLD B STE 1 ROANOKE, VA 24019				
CITY/ST/ZIP/CO:					

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	ROBERT BELL				
TITLE:	PRESIDENT				
ADDRESS:	5228 VALLEY POINT PKWY BLDG B STE 1 ROANOKE, VA 24019				
CITY/ST/ZIP/CO:					

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	LORI HUFFMAN				
TITLE:	TREASURER				
ADDRESS:	5228 VALLEYPONTE PKWY BLDG B SUITE 1 ROANOKE, VA 24019				
CITY/ST/ZIP/CO:					

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	ANA CLARKE				
TITLE:	DIRECTOR				
ADDRESS:	5228 VALLEYPONTE PKWY BLDG B, SUITE 1 ROANOKE, VA 24019				
CITY/ST/ZIP/CO:					

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	REV DAVID ERICKSON				
TITLE:	DIRECTOR				
ADDRESS:	3483 LIBERTY BALTIMORE, MD 21224				
CITY/ST/ZIP/CO:					

NAME:	WAYNE FUQUAY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5228 VALLEYPONTE PKWY		
CITY/ST/ZIP/CO:	BLDG B, SUITE 1 ROANOKE, VA 24019		

NAME:	LYNN HODGE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	1001 GENTER ST		
CITY/ST/ZIP/CO:	UNIT B LA JOLLA, CA 92037		

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/ LORI HUFFMAN	LORI HUFFMAN, TREASURER	3/5/2013
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.