

## 2008 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION

208741406 10/06/2008

CI FRK'S OFFICE

① CORPORATION NAME 20% OCT -6 AM 9: 34
Center for Vigilant Freedom Incorporated

② VA REGISTERED AGENT NAME AND ADDRESS DIRECTOR

CHRISTINE BRIM 9206 BAYARD PL FAIRFAX VA 22032

PEC ATIONIC

- 3 CITY OR COUNTY OF VA REGISTERED OFFICE 129 - FAIRFAX COUNTY
- 4 STATE OR COUNTRY OF INCORPORATION VA VIRGINIA

DUE DATE 1/31/2008 CORPORATION ID 0670082-7

**⑤** STOCK INFORMATION

CLASS	AUTHORIZED	
	}	
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DO NOT ATTEMPT TO ALTER THE INFORMATION ABOVE Carefully read the attached instruction sheet. Type or print in black only. If item ® is blank or incorrect, you must add or change the principal office address where indicated. If item ® is blank or incorrect, you must add or change the director and officer information where indicated.

## **6 PRINCIPAL OFFICE ADDRESS**

Mark this box if address shown below is correct	If address is blank or incorrect, add or correct below
ADDRESS POBOX 2773	ADDRESS
CITY/ST/ZIP FAIRFAX VA 22031	CITY/ST/ZIP

② DIRECTORS AND PRINCIPAL OFFICERS

All directors and principal officers must be listed

An individual may be designated as both a director and an officer

If information at lower left is incorrect or blank, please mark appropriate box and enter information below Correction Addition Replacement
OFFICER X DIRECTOR X
NAME Christopher Knowles TITLE Director
TITLE Director
ADDRESS P.O. BOX 2773
CITY/ST/ZIP Fair-fax VA 22031

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS REPORT IS ACCURATE AND COMPLETE

SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT Christing Brim
PRINTED NAME AND TITLE

10-2-2008

It is a Class 1 misdemeanor for any person to sign a document he knows is false in any material respect with intent that the document be delivered to the Commission for filling

## 2008 ANNUAL REPORT CONTINUED

**DUE DATE:** 1/31/2008

**CORPORATE ID:** 0670082-7

② DIRECTORS AND PRINCIPAL OFFICERS (continued) All directors and principal officers must be listed

An individual may be designated as both a director and an officer

Mark appropriate box unless area below is blank	If information at lower left is incorrect or blank, please mark appropriate box
Information is correct	and enter information below Correction Addition Replacement
OFFICER X DIRECTOR X NAME VICKY MARLENE KAUFER	OFFICER DIRECTOR NAME
TITLE DIRECTOR	TITLE
ADDRESS POBOX 2773	ADDRESS
CITY/ST/ZIP FAIRFAX VA 22031	CITY/ST/ZIP
Mark appropriate box unless area below is blank	If information at lower left is incorrect or blank, please mark appropriate box
Information is correct Information is incorrect Information	and enter information below Correction Addition Replacement
OFFICER X DIRECTOR X	OFFICER DIRECTOR
NAME EDWARD S MAY	NAME
TITLE DIRECTOR	TITLE
ADDRESS POBOX 2773	ADDRESS
CITY/ST/ZIP FAIRFAX VA 22031	CITY/ST/ZIP
Mark appropriate box unless area below is blank	If information at lower left is incorrect or blank, please mark appropriate box
Mark appropriate box unless area below is blank  ☐ Information is correct ☐ Information is incorrect ☐ Delete Information	If information at lower left is incorrect or blank, please mark appropriate box and enter information below  Correction  Addition  Replacement
☐ Information is correct ☐ Information is incorrect ☐ Delete Information ☐	and enter information below Correction Addition Replacement
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☐ Information is correct ☐ Information is incorrect ☐ Delete Information  OFFICER ☐ DIRECTOR ☐  NAME	and enter information below Correction Addition Replacement  OFFICER DIRECTOR NAME
☐ Information is correct ☐ Information is incorrect ☐ Delete Information  OFFICER ☐ DIRECTOR ☐  NAME  TITLE	and enter information below Correction Addition Replacement  OFFICER DIRECTOR  NAME  TITLE
☐ Information is correct ☐ Information is incorrect ☐ Delete Information  OFFICER ☐ DIRECTOR ☐  NAME  TITLE  ADDRESS	and enter information below Correction Addition Replacement  OFFICER DIRECTOR NAME  TITLE  ADDRESS
☐ Information is correct ☐ Information is incorrect ☐ Delete Information  OFFICER ☐ DIRECTOR ☐  NAME  TITLE  ADDRESS	and enter information below Correction Addition Replacement  OFFICER DIRECTOR NAME  TITLE  ADDRESS
OFFICER DIRECTOR ADDRESS CITY/ST/ZIP	and enter information below Correction Addition Replacement  OFFICER DIRECTOR   NAME  TITLE  ADDRESS  CITY/ST/ZIP
☐ Information is correct ☐ Information is incorrect ☐ Delete Information  OFFICER ☐ DIRECTOR ☐  NAME  TITLE  ADDRESS  CITY/ST/ZIP  Mark appropriate box unless area below is blank	and enter information below
□ Information is correct □ Information is incorrect □ Delete Information  OFFICER □ DIRECTOR □  NAME  TITLE  ADDRESS  CITY/ST/ZIP  Mark appropriate box unless area below is blank □ Information is correct □ Information is incorrect □ Delete Information	and enter information below
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□ Information is correct □ Information is incorrect □ Delete Information  OFFICER □ DIRECTOR □  NAME  TITLE  ADDRESS  CITY/ST/ZIP  Mark appropriate box unless area below is blank □ Information is correct □ Information is incorrect □ Delete Information  NAME  TITLE  ADDRESS	Addition Replacement  OFFICER DIRECTOR  NAME  TITLE  ADDRESS  CITY/ST/ZIP  If information at lower left is incorrect or blank, please mark appropriate box and enter information below Correction Addition Replacement  OFFICER DIRECTOR  NAME  TITLE  ADDRESS