

VA-VIRGINIA

2011 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION

211107206 21110.720(06/01/2011

		4.3 4.3
DUE DATE: 01/3	1/11	6.2 (1)
SCC ID NO.:0670	0082-7	
⑤ STOCK INFO	RMATION	
CLASS	AUTHORIZED	

CORPORATION NAME: Center for Vigilant Freedom Incorporated VA REGISTERED AGENT NAME AND OFFICE ADDRESS: DIR CHRISTINE BRIM 9206 BAYARD PL FAIRFAX, VA 22032 CITY OR COUNTY OF VA REGISTERED OFFICE: 129-FAIRFAX COUNTY STATE OR COUNTRY OF INCORPORATION:

DO NOT ATTEMPT TO ALTER THE INFORMATION ABOVE. Carefully read the attached instruction sheet. Type or print in black only. If item 6 is blank or incorrect, you must add or change the principal office address where indicated. If item ② is blank or incorrect, you must add or change the director and officer information where indicated.

© PRINCIPAL OFFICE ADDRESS:				
Mark this box if address shown below is correct	If the block to the left is blank or contains incorrect data please add or correct the address below.			
ADDRESS: P O BOX 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.

Mark appropriate box unless area below is blank:		If the block to the left is blank or contains incorrect data, please mark appropriate	
Information is corre	ect	box and enter information below:	☐ Correction ☐ Addition ☐ Replacement
	OFFICER Z DIRECTOR Z		OFFICER [] DIRECTOR []
NAME:	CHRISTINE BRIM	NAME:	
TITLE:	D/SEC	TITLE:	
ADDRESS:	PO BOX 2773	ADDRESS:	
CITY/ST/ZIP:	FAIRFAX, VA 22031	CITY/ST/ZIP:	

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

SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT

Christine Brin Sec.
PRINTED NAME AND CORPORATE

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 filing.

2011 ANNUAL REPORT CONTINUED

21110.7206--6/1/2011

CORPORATION NAME: Center for Vigilant Freedom Incorporated	DUE DATE: 01/31/11 SCC ID NO.: 0670082-7	
⑦ DIRECTORS AND PRINCIPAL OFFICERS (continued):	All directors and principal officers must be listed.	C) (D)
Mark appropriate how uplace area helow is blank:	If the block to the left is blank or contains incorrect data, please mark engrapriets l	hav

	ox unless area below is blank: orrect	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: Correction Addition Replacement	
	OFFICER X DIRECTOR X		OFFICER [] DIRECTOR []
NAME:	VICKY MARLENE KAUFER	NAME:	
TITLE:	DIRECTOR ·	TITLE:	
ADDRESS:	P O BOX 2773	ADDRESS:	
CITY/ST/ZIP:	FAIRFAX, VA 22031	CITY/ST/ZIP:	
	ox unless area below is blank: rrect Information is incorrect Delete information		ntains incorrect data, please mark appropriate box Correction Addition [] Replacement
	OFFICER X DIRECTOR X	•	OFFICER DIRECTOR
NAME:	CHRISTOPHER KNOWLES	NAME:	
TITLE:	DIRECTOR	TITLE:	,
ADDRESS:	P O BOX 2773	ADDRESS:	
CITY/ST/ZIP:	FAIRFAX, VA 22031	CITY/ST/ZIP:	
			
Mark appropriate b	ox unless area below is blank: orrect Delete information		ntains incorrect data, please mark appropriate box Correction Addition Replacement
Mark appropriate b	ox unless area below is blank: orrect Information is incorrect Delete information OFFICER DIRECTOR	and enter information below:	
Mark appropriate b	prect	and enter information below:	☐ Correction ☐ Addition ☐ Replacement
Information is co	OFFICER M DIRECTOR M	and enter information below:	☐ Correction ☐ Addition ☐ Replacement
NAME:	OFFICER DIRECTOR DIRECTOR DIRECTOR	and enter information below:	☐ Correction ☐ Addition ☐ Replacement
NAME: TITLE: ADDRESS:	OFFICER DIRECTOR EDWARD S MAY DIRECTOR	NAME:	☐ Correction ☐ Addition ☐ Replacement
NAME: TITLE: ADDRESS: CITY/ST/ZIP:	OFFICER A DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR POBOX 2773	NAME: TITLE: ADDRESS: CITY/ST/ZIP:	☐ Correction ☐ Addition ☐ Replacement
NAME: TITLE: ADDRESS: CITY/ST/ZIP:	OFFICER M DIRECTOR M EDWARD S MAY DIRECTOR P O BOX 2773 FAIRFAX, VA 22031	NAME: TITLE: ADDRESS: CITY/ST/ZIP:	☐ Correction ☐ Addition ☐ Replacement OFFICER ☐ DIRECTOR ☐ Intains incorrect data, please mark appropriate box
NAME: TITLE: ADDRESS: CITY/ST/ZIP:	OFFICER M DIRECTOR M EDWARD S MAY DIRECTOR P O BOX 2773 FAIRFAX, VA 22031 Fox unless area below is blank: orrect Information is incorrect Delete information	NAME: TITLE: ADDRESS: CITY/ST/ZIP:	Correction Addition Replacement OFFICER DIRECTOR Intains incorrect data, please mark appropriate box Correction Addition Replacement
NAME: TITLE: ADDRESS: CITY/ST/ZIP: Mark appropriate b	OFFICER M DIRECTOR M EDWARD S MAY DIRECTOR P O BOX 2773 FAIRFAX, VA 22031 Fox unless area below is blank: orrect Information is incorrect Delete information	NAME: TITLE: ADDRESS: CITY/ST/ZIP:	Correction Addition Replacement OFFICER DIRECTOR Intains incorrect data, please mark appropriate box Correction Addition Replacement
NAME: TITLE: ADDRESS: CITY/ST/ZIP: Mark appropriate billinformation is co	OFFICER M DIRECTOR M EDWARD S MAY DIRECTOR P O BOX 2773 FAIRFAX, VA 22031 Fox unless area below is blank: orrect Information is incorrect Delete information	NAME: TITLE: ADDRESS: CITY/ST/ZIP: If the block to the left is blank or column and enter information below: NAME:	Correction Addition Replacement OFFICER DIRECTOR Intains incorrect data, please mark appropriate box Correction Addition Replacement

AF00ZW Ray 2 12/08

