

2011 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

21110.7200

211107206  
06/01/2011

211107206



① CORPORATION NAME:  
Center for Vigilant Freedom Incorporated

DUE DATE: 01/31/11

② VA REGISTERED AGENT NAME AND OFFICE ADDRESS: DIR.  
CHRISTINE BRIM

SCC ID NO.: 0670082-7

9206 BAYARD PL

FAIRFAX, VA 22032

③ CITY OR COUNTY OF VA REGISTERED OFFICE:  
129-FAIRFAX COUNTY

④ STATE OR COUNTRY OF INCORPORATION:  
VA-VIRGINIA

⑤ STOCK INFORMATION

| CLASS | AUTHORIZED |
|-------|------------|
|       |            |

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 ⑦ is blank or incorrect, you must add or change the director and officer information where indicated.

⑥ PRINCIPAL OFFICE ADDRESS:

|                                                                          |                                                                                                       |
|--------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> 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                                                                                           |

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.

|                                                                                                                                                                                                   |                                                                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Mark appropriate box unless area below is blank:<br><input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information | If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement |
| OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/><br>NAME: CHRISTINE BRIM<br>TITLE: D/SEC<br>ADDRESS: PO BOX 2773<br>CITY/ST/ZIP: FAIRFAX, VA 22031        | OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/><br>NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP:                                                                                                                 |

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

Christine Brim  
SIGNATURE OF DIRECTOR/OFFICER  
LISTED IN THIS REPORT

Christine Brim, Sec.  
PRINTED NAME AND CORPORATE TITLE

5-29-2011  
DATE

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.

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CORPORATION NAME:  
Center for Vigilant Freedom Incorporated

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## ⑦ DIRECTORS AND PRINCIPAL OFFICERS (continued):

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

|                                                                                                                                                                                                              |                                                                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Mark appropriate box unless area below is blank:<br><input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information            | If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement |
| OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/><br><br>NAME: VICKY MARLENE KAUFER<br>TITLE: DIRECTOR<br>ADDRESS: P O BOX 2773<br>CITY/ST/ZIP: FAIRFAX, VA 22031     | OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/><br><br>NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP:                                                                                                             |
| Mark appropriate box unless area below is blank:<br>Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information                                     | If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement |
| OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/><br><br>NAME: CHRISTOPHER KNOWLES<br>TITLE: DIRECTOR<br>ADDRESS: P O BOX 2773<br>CITY/ST/ZIP: FAIRFAX, VA 22031      | OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/><br><br>NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP:                                                                                                             |
| Mark appropriate box unless area below is blank:<br><input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input checked="" type="checkbox"/> Delete information | If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement |
| OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/><br><br>NAME: EDWARD S MAY<br>TITLE: DIRECTOR<br>ADDRESS: P O BOX 2773<br>CITY/ST/ZIP: FAIRFAX, VA 22031             | OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/><br><br>NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP:                                                                                                             |
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| OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/><br><br>NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP:                                                                                        | OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/><br><br>NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP:                                                                                                             |