

**2021 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

Commonwealth of Virginia
State Corporation Commission
Office of the Clerk
Entity ID: 03570736
Filing Number: 2104073126777
Filing Date/Time: 04/07/2021 01:45 PM
Effective Date/Time: 04/07/2021 01:45 PM



1. CORPORATION NAME:
PINE RIDGE MISSIONARY TRAINING CAMP, INC.
2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ENTITY
AREHART ASSOCIATES LTD.
320 FEDERAL ST
WAYNESBORO, VA 22980-0000
3. CITY OR COUNTY OF VA REGISTERED OFFICE:
820-WAYNESBORO CITY
4. STATE OR COUNTRY OF INCORPORATION:
VA-Virginia

DUE DATE: **04/30/21**

SCC ID NO.: **0357073-6**

5. TOTAL NUMBER OF AUTHORIZED SHARES:

DO NOT ATTEMPT TO ALTER THE INFORMATION ABOVE. Carefully read the enclosed instructions. Type or print in black only.

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: 9038 ATLEE RD CITY/ST/ZIP MECHANICSVILLE, VA 23116-0000	ADDRESS: 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.

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Mark appropriate box unless area below is blank: <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"/> NAME: HENRY F STERN JR TITLE: President ADDRESS: 9038 ATLEE RD CITY/ST/ZIP: MECHANICSVILLE, VA 23116-0000	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:

I affirm that the information contained in this report is accurate and complete as of the date below.

SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT

Henry F. Stern, Jr. President
PRINTED NAME AND CORPORATE TITLE

4-5-21
DATE

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

2021 ANNUAL REPORT CONTINUED

CORPORATION NAME:
PINE RIDGE MISSIONARY TRAINING CAMP, INC.

DUE DATE: **04/30/21**
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7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)

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<p style="text-align: center;">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: ROBERT A COX JR TITLE: SEC/TREAS ADDRESS: 9038 ATLEE RD CITY/ST/ZIP: MECHANICSVILLE, VA 23116-0000</p>	<p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>
<p>Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p>	<p>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</p>
<p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>	<p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>
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<p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>	<p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>

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