

**2022 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

Commonwealth of Virginia  
State Corporation Commission  
Office of the Clerk  
Entity ID: 03570736  
Filing Number: 2203224336373  
Filing Date/Time: 03/22/2022 03:26 PM  
Effective Date/Time: 03/22/2022 03:26 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: 04/30/22

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: <del>9038 ATLEE RD</del>	ADDRESS: 2923 Queensland Drive
CITY/ST/ZIP MECHANICSVILLE, VA 23116-0000	CITY/ST/ZIP Henrico, VA 23294

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 checked="" 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 checked="" type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>
NAME: HENRY F STERN JR	NAME: HENRY F. STERN JR
TITLE: President	TITLE: PRESIDENT
ADDRESS: 9038 ATLEE RD	ADDRESS: 2923 QUEENSLAND DR
CITY/ST/ZIP: MECHANICSVILLE, VA 23116-0000	CITY/ST/ZIP: Henrico, VA 23294

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.  
PRINTED NAME AND CORPORATE TITLE

3-10-22  
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.

**2022 ANNUAL REPORT CONTINUED**

CORPORATION NAME:  
PINE RIDGE MISSIONARY TRAINING CAMP, INC.

DUE DATE: 04/30/22  
SCC ID NO.: 0357073-6

7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)

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<p>Mark appropriate box unless area below is blank:  <input type="checkbox"/> Information is correct    <input type="checkbox"/> Information is incorrect    <input checked="" 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 checked="" type="checkbox"/> Replacement</p>
<p 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 align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: <i>GLENN R. MOORE</i>          TITLE: <i>SEC/TREAS</i>          ADDRESS: <i>5600 GROVE AVE.</i>          CITY/ST/ZIP: <i>RICHMOND, VA 23226</i></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 align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:          TITLE:          ADDRESS:          CITY/ST/ZIP:</p>	<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:          TITLE:          ADDRESS:          CITY/ST/ZIP:</p>
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