

2011 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

21111.5086--6/16/2011

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21111.5086

1. CORPORATION NAME:
 Grace and Mercy Church of God In Christ
2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: DIR.
 GEORGE W CARELOCK JR

DUE DATE: 07/31/11

SCC ID NO.: 0711190-9

21379 FULTONHAM CIR

5. STOCK INFORMATION

3. CITY OR COUNTY OF VA REGISTERED OFFICE:
 ASHBURN, VA 20147
 129-FAIRFAX COUNTY

CLASS	AUTHORIZED

4. STATE OR COUNTRY OF INCORPORATION:
 VA-VIRGINIA

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: 21379 FULTONHON CIR	ADDRESS:
CITY/ST/ZIP ASHBURN, VA 20147	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: Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information <input type="checkbox"/>	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"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: GEORGE W CARELOCK, JR	NAME:
TITLE: P/DIR/PASTOR	TITLE:
ADDRESS: 21379 FULTONHON CIRCLE	ADDRESS:
CITY/ST/ZIP: ASHBURN, VA 20147	CITY/ST/ZIP:

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

George W. Carelock Jr.
 SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT

George W. Carelock Jr. P/DIR/PASTOR
 PRINTED NAME AND CORPORATE TITLE

05/21/11
 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.

CORPORATION NAME:
Grace and Mercy Church of God In Christ

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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.

<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 checked="" type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>
<p>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: JOYCE L CARELOCK TITLE: VP/SEC/ASST TRE ADDRESS: 21379 FULTONHON CIRCLE CITY/ST/ZIP: ASHBURN, VA 20147</p>	<p>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: <i>Cathryn LeCounte</i> TITLE: <i>Treasurer</i> ADDRESS: <i>3321 Anne De Bourgh DR</i> CITY/ST/ZIP: <i>Triangle, VA 22172</i></p>
<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 type="checkbox"/> Replacement</p>
<p>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: KENNETH HARRIS,SR TITLE: TREASURER ADDRESS: 4028 SAPPLING WAY CITY/ST/ZIP: TRIANGLE, VA 22172</p>	<p>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>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>
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