Douglas K. Spaulding

5614 Bakersville Lane Burke, VA 22015

Email: DKSpauld@gmail.com

Phone: 703-577-5905 (cell)

October 29, 2020

Judy Schaeffer 5911 Grayson Street Springfield, VA 22150

RE: The PAX Community 2020 Annual Report/Fee

Dear Judy,

Enclosed is the paperwork from the Virginia State Corporation Commission relating to the 2020 Annual Registration Fee and Annual Report for the PAX Community the Annual Report form should be completed to reflect the changes in our Steering Committee. As our Treasurer, you can sign the Annual Report. There are two pre-addressed envelopes included in the packet of materials. The one marked "Corporation Payments Only" is for the \$25.00 payment and the other one is for the Annual Report. Please include the Payment Coupon with the check and write on the check our SSC ID No. 0811421-7.

Please note that payment must be received by the Virginia SCC by November 30, 2020. If you have any questions, please give me a call or shoot me an email.

Thanks for all you do for PAX. Best regards.

Cheers,

Douglas K. Spaulding



COMMONWEALTH OF VIRGINIA – STATE CORPORATION COMMISSION STATEMENT OF ANNUAL REGISTRATION FEE ASSESSMENT

SCC ID No.	Business Entity Name
0811421-7	The Pax Community

2020	September 1, 2020	\$25.00		\$0.00	\$25.00	November 30, 2020
Assessment Year	Uale Of Assessment	Annual Registration Fee	6 30002000 0 1117 - 1127 124 124 124 125000000	Prior Years Balance	Total Amount Due	Payment Due Date



F7747PKG01-0001790 T-00000012
The Pax Community
DOUGLAS K SPAULDING
5614 BAKERSVILLE LN
BURKE, VA 22015-0000

The business entity identified above has been assessed an annual registration fee by the State Corporation Commission pursuant to Virginia law. Payment of the annual registration fee must be <u>received</u> by the Commission on or before the payment due date to avoid imposition of a late payment penalty.

If the payment due date falls on a weekend or scheduled holiday, payment, if delivered by mail or in person, will need to be received on or before the last business day that precedes the payment due date. Postmarks cannot be considered and extensions of time cannot be granted.

See the additional information that follows this page.

Pay annual registration fees and penalties online now at cis.scc.virginia.gov

Go online to pay annual registration fees, file an annual report with changes, and more. Visit the CIS help page at www.scc.virginia.gov/clk/pinfaqs.aspx for how-to guides, answers to frequently asked questions, and helpful videos.

Detach Payment Coupon Along This Perforation



STATE CORPORATION COMMISSION

Business Entity Name

ANNUAL REGISTRATION FEE - PAYMENT COUPON

0011421-7	<u> </u>	Ine Pax C	ommunity
Assessment Year	Date of Assessment	Total Amount Due	Payment Due Date Amount Paid
			Payment Due Date Amount Paid
2020	September 1, 2020	\$25.00	November 30, 2020
			<u></u>

Do not include any document or correspondence with payment and its coupon

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If payment will be mailed:

SCCID No.

0811421-7

- Make the check payable to State Corporation Commission.
- Write the Company's SCC ID No. on the front of the check.
- Send the check and this payment coupon to the State Corporation Commission in the envelope provided.



2020 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION

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1.	CO	RP(ORA	NOIT	NAME
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The Pax Community

DUE DATE: 11/30/20

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

SCC ID NO .: 0811421-7

DOUGLAS K SPAULDING 5614 BAKERSVILLE LN BURKE, VA 22015-0000

5. TOTAL NUMBER OF AUTHORIZED SHARES:

- 3. CITY OR COUNTY OF VA REGISTERED OFFICE: 059-FAIRFAX COUNTY
- 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:

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: 5614 BAKERSVILLE LANE	ADDRESS:
CITY/ST/ZIP BURKE, VA 22015-0000	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 Information is incorrect Delete information	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 []	OFFICER DIRECTOR
NAME: JUDY SCHAEFFER	NAME:
TITLE: Treasurer	TITLE:
ADDRESS: 5911 GRAYSON STREET	ADDRESS:
CITY/ST/ZIP: SPRINGFIELD, VA 22150-0000	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

PRINTED NAME AND CORPORATE TITLE

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.



2020 ANNUAL REPORT CONTINUED

CORPORATION NAME: The Pax Community

DUE DATE:

11/30/20

SCC ID NO.: 0811421-7

All directors and principal officers must be listed.

7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)	An individual may be designated as both a director and an officer.
Mark appropriate box unless area below is blank: Information is correct Information is incorrect Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: Correction Addition Replacement
OFFICER DIRECTOR X	OFFICER DIRECTOR
NAME: MIKE MESSINGER	NAME:
TITLE:	TITLE:
ADDRESS: 6104 STILL WATER WAY	ADDRESS:
CITY/ST/ZIP: MCLEAN, VA 22101-0000	CITY/ST/ZIP:
Mark appropriate box unless area below is blank: Information is correct Information is incorrect Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below:
OFFICER DIRECTOR	OFFICER DIRECTOR
NAME: MARGARET SCHWARTZ	NAME:
TITLE:	TITLE:
ADDRESS: 313 LINCOLN AVE.	ADDRESS:
CITY/ST/ZIP: FALLS CHURCH, VA 22046-0000	CITY/ST/ZIP:
Mark appropriate box unless area below is blank: Information is correct Information is incorrect Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: Correction Addition Replacement
	box and enter information below:
☐ Information is correct ☐ Information is incorrect ☐ Delete information	box and enter information below: Correction Addition Replacement
☐ Information is correct ☐ Information is incorrect ☐ Delete information OFFICER ☐ DIRECTOR ☑	box and enter information below: Correction Addition Replacement OFFICER DIRECTOR
☐ Information is correct ☐ Information is incorrect ☐ Delete information OFFICER ☐ DIRECTOR ☑ NAME: CHRIS JOHNSTON	Dox and enter information below: Correction Addition Replacement OFFICER DIRECTOR NAME:
☐ Information is correct ☐ Information is incorrect ☐ Delete information OFFICER ☐ DIRECTOR ☑ NAME: CHRIS JOHNSTON TITLE:	Correction Addition Replacement OFFICER DIRECTOR NAME: TITLE:
☐ Information is correct ☐ Information is incorrect ☐ Delete information OFFICER ☐ DIRECTOR ☑ NAME: CHRIS JOHNSTON TITLE: ADDRESS: 26 VALLEYSIDE CT	DOTECTION Addition Replacement OFFICER DIRECTOR NAME: TITLE: ADDRESS:
☐ Information is correct ☐ Information is incorrect ☐ Delete information OFFICER ☐ DIRECTOR ☒ NAME: CHRIS JOHNSTON TITLE: ADDRESS: 26 VALLEYSIDE CT CITY/ST/ZIP: GERMANTOWN, MD 20874-0000 Mark appropriate box unless area below is blank:	DIRECTOR DIR
□ Information is correct □ Information is incorrect □ Delete information OFFICER □ DIRECTOR ☑ NAME: CHRIS JOHNSTON TITLE: ADDRESS: 26 VALLEYSIDE CT CITY/ST/ZIP: GERMANTOWN, MD 20874-0000 Mark appropriate box unless area below is blank: □ Information is correct □ Information □ Delete information	DOFFICER DIRECTOR NAME: TITLE: ADDRESS: CITY/ST/ZIP: If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: Correction Addition Replacement Replacement
OFFICER ☐ DIRECTOR ☐ NAME: CHRIS JOHNSTON TITLE: ADDRESS: 26 VALLEYSIDE CT CITY/ST/ZIP: GERMANTOWN, MD 20874-0000 Mark appropriate box unless area below is blank: ☐ Information is correct ☐ Information ☐ Delete information OFFICER ☐ DIRECTOR ☐	OFFICER DIRECTOR NAME: TITLE: ADDRESS: CITY/ST/ZIP: If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: OFFICER DIRECTOR DI
OFFICER DIRECTOR NAME: CHRIS JOHNSTON TITLE: ADDRESS: 26 VALLEYSIDE CT CITY/ST/ZIP: GERMANTOWN, MD 20874-0000 Mark appropriate box unless area below is blank: Information is correct Information is incorrect Delete information OFFICER DIRECTOR NAME: COURTNEY COLLINS	OFFICER DIRECTOR NAME: TITLE: ADDRESS: CITY/ST/ZIP: If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: OFFICER DIRECTOR NAME: NAME:





Annual Report Instructions

Overview

Each Virginia corporation and foreign corporation authorized to do business in Virginia must file an Annual Report with the Office of the Clerk on or before the last day of the 12th month after it was incorporated or issued a certificate of authority, and by that date each following year.

Important Information

To file an Annual Report, visit the SCC Clerk's Information System (CIS) website, https://cis.scc.virginia.gov/.

Specific Instructions

| Entity Information

To change Registered Agent and/or Registered Office Information, the corporation must file a Statement of Change of Registered Office and/or Registered Agent, which can be accomplished online using the website above.

Il Principal Office Address

Provide the corporation's principal office address as of the date the report is signed.

III Principal Information

List all of the corporation's directors and principal officers (e.g., president, vice president, treasurer, secretary, etc.) as of the date the report is signed.

Almost all corporations are required to have at least one director and one officer. An individual who is serving as an officer and director should have both the officer and director boxes marked next to his or her name. If the corporation is not required to have any directors or officers as a matter of law, and none have been elected or appointed, select "No Directors" and "No Officers."

IV Signature(s)

The annual report must be signed by an officer or a director who is listed in the report or, if the corporation is in the hands of a receiver, trustee, or other court-appointed fiduciary, by that fiduciary, and the printed name and title of the person signing must be set forth next to the signature.

NOTE: Virginia law requires the Commission to return for correction or explanation an annual report that is incomplete or inaccurate. If the corporation has not filed an acceptable annual report by the due date, it will not be in good standing in Virginia. If the corporation fails to file an acceptable annual report on or before the last day of the fourth month following the due date, the corporation's existence or certificate of authority to transact business in Virginia, as the case may be, will be automatically terminated or revoked as of said date.

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Questions? Visit https://scc.virginia.gov/ for our FAQs

(Rev. 2/20)