

1.) CORPORATION NAME:

NEEDLE'S EYE MINISTRIES, INC.

DUE DATE: **3/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JUDSON E CHILDRESS JR
104 BERRINGTON CT
RICHMOND, VA**

SCC ID NO: **01739689**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 104 BERRINGTON COURT

CITY/ST/ZIP: RICHMOND, VA 23221

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.

NAME: JUDSON E CHILDRESS JR TITLE: PRESIDENT ADDRESS: 104 BERRINGTON CT CITY/ST/ZIP/CO: RICHMOND, VA 23221	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: FRANKLIN Y GOARE TITLE: TREASURER ADDRESS: 12517 HIDDEN OAKS CT CITY/ST/ZIP/CO: RICHMOND, VA 23233	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JENNIFER R PARHAM TITLE: SECRETARY ADDRESS: 8917 BRAWNER DRIVE CITY/ST/ZIP/CO: RICHMOND, VA 23229	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: DOUGLAS P. RUCKER TITLE: CHAIRMAN ADDRESS: 2308 EAST BROAD STREET CITY/ST/ZIP/CO: R, VA 23223	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: C. THOMAS EBEL TITLE: DIRECTOR ADDRESS: 8110 SAWMILL ROAD CITY/ST/ZIP/CO: RICHMOND, VA 23229	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DANIEL K. FRYER TITLE: DIRECTOR ADDRESS: 31 TWIN LAKE LANE CITY/ST/ZIP/CO: RICHMOND, VA 23229	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: NYELETI S. HUDSON TITLE: DIRECTOR ADDRESS: 4414 AUGUSTA AVENUE CITY/ST/ZIP/CO: RICHMOND, VA 23230	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: GEOFFREY M. LAWRENCE TITLE: DIRECTOR ADDRESS: 2443 GREEN LEVEL ROAD CITY/ST/ZIP/CO: KING WILLIAM, VA 23086	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DAVID H. MATHEWS TITLE: DIRECTOR ADDRESS: 8909 BRIERYLE ROAD CITY/ST/ZIP/CO: RICHMOND, VA 23229	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CHARLES HOWE RICE TITLE: DIRECTOR ADDRESS: 3832 NIGHTMUSE WAY CITY/ST/ZIP/CO: RICHMOND, VA 23059	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: HAIDER SHARIFI TITLE: DIRECTOR ADDRESS: 1405 MANDERS KNOLL COURT CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23114	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL C. SMITH TITLE: DIRECTOR ADDRESS: 2509 GROVE AVENUE CITY/ST/ZIP/CO: RICHMOND, VA 23220-4417	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MARK TOWELL TITLE: DIRECTOR ADDRESS: 9103 AVALON DRIVE CITY/ST/ZIP/CO: HENRICO, VA 23229-6309	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ JUDSON E CHILDRESS JR SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JUDSON E CHILDRESS JR, PRESIDENT PRINTED NAME AND CORPORATE TITLE	3/26/2014 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		