

1.) CORPORATION NAME: HAITI FOR CHRIST, INCORPORATED	DUE DATE: 9/30/2014
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: SARAH EMILY SHIFFLETT 1012 ROCK HAVEN CT CHESTER, VA	SCC ID NO: 02763209
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: CHESTERFIELD COUNTY	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: VA	

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1012 ROCKHAVEN COURT

CITY/ST/ZIP: CHESTER, VA 23836

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: JOEL THOMAS TRIMBLE TITLE: PRESIDENT ADDRESS: 6175 INDIAN FOREST CIR CITY/ST/ZIP/CO: LAKEWORTH, FL 33463	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: YVONNE M TRIMBLE TITLE: VP/S ADDRESS: 6175 INDIAN FOREST CIRCLE CITY/ST/ZIP/CO: LAKE WORTH, FL 33463	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: SARAH EMILY SHIFFLETT TITLE: DIRECTOR ADDRESS: 1012 ROCKHAVEN CT CITY/ST/ZIP/CO: CHESTER, VA 23836	<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/ YVONNE M TRIMBLE	YVONNE M TRIMBLE, VP/S	9/8/2014
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, 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.