

<b>SCC eFile</b>	<b>2015 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	215530566
1.) CORPORATION NAME: <b>HAITI FOR CHRIST, INCORPORATED</b>		DUE DATE: <b>9/30/2015</b>
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>SARAH EMILY SHIFFLETT 1012 ROCK HAVEN CT CHESTER, VA</b>		SCC ID NO: <b>02763209</b>
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>CHESTERFIELD COUNTY</b>		5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>		
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	8/18/2015
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.		