

1.) CORPORATION NAME:

**CHRISTIAN WITNESS TO ISRAEL, INC.**

DUE DATE: **9/30/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER  
DAVID VANDERPOEL  
2450 FAIRHUNT CT  
OAKTON, VA 22124**

SCC ID NO: **04343315**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**FAIRFAX COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: NEW LIFE LAMESA  
5333 LAKE MURRAY BLVD

CITY/ST/ZIP: LAMESA, CA 91942-

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:	DENNIS BURKS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VC/VP		
ADDRESS:	13209 WINSTANLEY WAY		
CITY/ST/ZIP/CO:	SAN DIEGO, CA 92130-		
NAME:	DAVID VANDERPOEL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	2ND VP		
ADDRESS:	2450 FAIRHUNT COURT		
CITY/ST/ZIP/CO:	OAKTON, VA 22124-		
NAME:	DEBORAH CREEDON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	7327 CASPER DRIVE		
CITY/ST/ZIP/CO:	SAN DIEGO, CA 92119-		
NAME:	DAVID E FREDRICKSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	14512 MEADOW RUN ST		
CITY/ST/ZIP/CO:	SAN DIEGO, CA 92129-		
NAME:	BRIAN TALLMAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	7464 SAN MIGUEL AVE.		
CITY/ST/ZIP/CO:	LEMON GROVE, CA 91945-		

NAME: THOM DWORKIS TITLE: DIRECTOR ADDRESS: 3131 WOODS CIRCLE CITY/ST/ZIP/CO: DAVIS, CA 95616-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: DEAN ABBOTT TITLE: DIRECTOR ADDRESS: 3443 VILLANOVA AVE. CITY/ST/ZIP/CO: SAN DIEGO, CA 92122-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: ALLISON DOSSETT TITLE: SECRETARY ADDRESS: 7550 EUCALYPTUS HILL CITY/ST/ZIP/CO: LA MESA, CA 91942-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: STEVE ORR TITLE: DIRECTOR ADDRESS: 28780 SINGLE OAK DR. CITY/ST/ZIP/CO: TEMECULA, CA 92590-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: DAVID KOCHER TITLE: DIRECTOR ADDRESS: 10068 DIVERSION DR. CITY/ST/ZIP/CO: SAN DIEGO, CA 91977-	<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/ ALLISON DOSSETT _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ALLISON DOSSETT, SECRETARY _____ PRINTED NAME AND CORPORATE TITLE	8/24/2011 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.		