

1.) CORPORATION NAME: WIND & FIRE MINISTRIES	DUE DATE: 7/31/2013
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: JEAN A W CORNELLIER 777 QUEENS WAY VIRGINIA BEACH, VA	SCC ID NO: 05242375
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: VIRGINIA BEACH CITY	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: VA	

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 777 QUEENS WAY

CITY/ST/ZIP: VA BEACH, VA 23454

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: JEAN CORNELLIER	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: CEO/PRES/CHRMN				
ADDRESS: 777 QUEENS WAY				
CITY/ST/ZIP/CO: VA BEACH, VA 23454				

NAME: JOSEPH PAUL LE DONNI	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
TITLE: OFFICER				
ADDRESS: 818-A 14TH STREET				
CITY/ST/ZIP/CO: VA BEACH, VA 23451				

NAME: BONNIE FITZPATRICK	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: VICE CHAIRMAN				
ADDRESS: 3734 NYS RT 52				
CITY/ST/ZIP/CO: PO BOX 420 WALKER VALLEY, NY 12588				

NAME: MARIETTA RICE	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
TITLE: SECRETARY				
ADDRESS: 3734 NYS RT 52				
CITY/ST/ZIP/CO: PO BOX 420 WALKER VALLEY, NY 12588				

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/ JEAN CORNELLIER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JEAN CORNELLIER, CEO/PRES/CHRMN PRINTED NAME AND CORPORATE TITLE	6/11/2013 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.