

1.) CORPORATION NAME:

Camp Meeting Ministries, Incorporated

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER
MARY JOHN HALL
4234 ABRAM PENN HWY
PO BOX 88**

CRITZ, VA 24082

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

PATRICK COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

DUE DATE: **12/31/2010**

SCC ID NO: **05321450**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4234 ABRAM PENN HWY
PO BOX 88

CITY/ST/ZIP: CRITZ, VA 24082-

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:	TITLE:	ADDRESS:	CITY/ST/ZIP/CO:	<input type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
MARY JOHN HALL	PRESIDENT	4234 ABRAM PENN HWY PO BOX 88	CRITZ, VA 24082-	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DONNIE CLIFTON	DIRECTOR	220 SANTA CLAUS LANE	STUART, VA 24171-	<input type="checkbox"/>	<input checked="" type="checkbox"/>
STEPHANIE LAWLESS	DIRECTOR	PO BOX 842	STUART, VA 24171-	<input type="checkbox"/>	<input checked="" type="checkbox"/>
CHERYL WADE	DIRECTOR	2512 HARDIN REYNOLDS ROAD	PATRICK SPRINGS, VA 24133-	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DOUGLAS L. WHORLEY	DIRECTOR	6088 VIRGINIA AVE.	BASSETT, VA 24055-	<input type="checkbox"/>	<input checked="" type="checkbox"/>

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JONNETTE EARNHARDT DIRECTOR 2020 FT. DR. CLAYTON, NC 27520-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN B. EARNHARDT DIRECTOR 2020 FORT DRIVE CLAYTON, NC 27520-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOAN ROOP DIRECTOR 1162 MILL CREEK RD. CRITZ, VA 24082-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LINDA DALTON DIRECTOR 4807 CHERRY DREEK RD. MEADOWS OF DAN, VA 24120-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ MARY JOHN HALL	MARY JOHN HALL, PRESIDENT	4/29/2011
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.