

1.) CORPORATION NAME:

Camp Meeting Ministries, Incorporated

DUE DATE: **12/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **05321450**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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CRITZ, VA 24082

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

PATRICK COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

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:	MARY JOHN HALL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	4234 ABRAM PENN HWY		
CITY/ST/ZIP/CO:	PO BOX 88 CRITZ, VA 24082		
NAME:	STEVEN B. EARNHARDT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2020 FORT DRIVE		
CITY/ST/ZIP/CO:	CLAYTON, NC 27520		
NAME:	SANDRA CLIFTON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	220 SANTA CLAUS LANE		
CITY/ST/ZIP/CO:	STUART, VA 24171		
NAME:	JONNETTE EARNHARDT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	2020 FT. DR.		
CITY/ST/ZIP/CO:	CLAYTON, NC 27520		
NAME:	DONNIE CLIFTON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	220 SANTA CLAUS LANE		
CITY/ST/ZIP/CO:	STUART, VA 24171		
NAME:	PAIGE COBBLER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	413 OAKHURST DRIVE		
CITY/ST/ZIP/CO:	STUART, VA 24171		

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
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANNETTE NAFF DIRECTOR 880 LILLIAN NAFF DR. HENRY, VA 24102	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KENNETH REYNOLDS DIRECTOR 465 ROOSEVELT REYNOLDS RD. PATRICK SPRINGS, VA 24133	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KAREN CHARLEEN SHELTON DIRECTOR 5001 ROBERSON FARM RD. KERNERSVILLE, NC 27284	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GARLAND CLARK SHELTON DIRECTOR 5001 ROBERSON FARM RD. KERNERSVILLE, NC 27284	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DOUGLAS L. WHORLEY DIRECTOR 6088 VIRGINIA AVE. BASSETT, VA 24055	<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/ MARY JOHN HALL SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MARY JOHN HALL, PRESIDENT PRINTED NAME AND CORPORATE TITLE	1/15/2013 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.			