

1.) CORPORATION NAME:

BAREFOOT LIVING MINISTRIES, INC.

DUE DATE: **11/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CINDY FERRELL
7521 COMANCHE DR
RICHMOND, VA 23225**

SCC ID NO: **05497052**

5.) STOCK INFORMATION

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

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 10311 FOYLE DRIVE

CITY/ST/ZIP: CHESTERFIELD, VA 23832

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:	JOHN WALTER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	S/T		
ADDRESS:	10295 SLIDINGROCK DRIVE		
CITY/ST/ZIP/CO:	MECHANICSVILLE, VA 23116		
NAME:	CINDY FERRELL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	10311 Foyle Dr.		
CITY/ST/ZIP/CO:	Chesterfield, VA 23832		
NAME:	DAVID TESTROET	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	10604 SANDS COURT		
CITY/ST/ZIP/CO:	GLEN ALLEN, VA 23060		
NAME:	Greg Johns	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	337 Oxford Lane		
CITY/ST/ZIP/CO:	King William, VA 23086		
NAME:	Bruce Utne	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4800 Williamsburg Glade		
CITY/ST/ZIP/CO:	Williamsburg, VA 23185		
NAME:	Dan Roose	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3292 Reads Way		
CITY/ST/ZIP/CO:	Williamsburg, VA 23185		

NAME: Malcolm Shealy TITLE: DIRECTOR ADDRESS: 16507 Vassar Rd. CITY/ST/ZIP/CO: Beaverdam, VA 23015	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: Jay Richardson TITLE: DIRECTOR ADDRESS: 1307 Vassar Rd. CITY/ST/ZIP/CO: Richmond, VA 23229	<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/ CINDY FERRELL	CINDY FERRELL, DIRECTOR	9/11/2012
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.