

1.) CORPORATION NAME:

**International Kingdom Life Church**

DUE DATE: **4/30/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**GAMMON & GRANGE, P.C.  
8280 GREENSBORO DRIVE 7TH FLOOR  
MCLEAN, VA**

SCC ID NO: **05949540**

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: 610 THIMBLE SHOALS BOULEVARD  
SUITE 301-A

CITY/ST/ZIP: NEWPORT NEWS, VA 23606

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:	EILEEN ALEXANDER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	OFFICER		
ADDRESS:	P.O. BOX 2447		
CITY/ST/ZIP/CO:	NEWPORT NEWS, VA 23609		
NAME:	ALVIN T JONES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	OFFICER		
ADDRESS:	P.O. BOX 2447		
CITY/ST/ZIP/CO:	NEWPORT NEWS, VA 23609		
NAME:	TERRY PLATT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	OFFICER		
ADDRESS:	P.O. BOX 2447		
CITY/ST/ZIP/CO:	NEWPORT NEWS, VA 23609		
NAME:	CHRISTYE STATON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	OFFICER		
ADDRESS:	P.O. BOX 2447		
CITY/ST/ZIP/CO:	NEWPORT NEWS, VA 23609		
NAME:	SHANNON WEST	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	OFFICER		
ADDRESS:	P.O. BOX 2447		
CITY/ST/ZIP/CO:	NEWPORT NEWS, VA 23609		
NAME:	BESSIE WILLIS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	OFFICER		
ADDRESS:	P. O. BOX 2447		
CITY/ST/ZIP/CO:	NEWPORT NEWS, VA 23609		

NAME: KARYN YELDELL TITLE: OFFICER ADDRESS: P.O. BOX 2447 CITY/ST/ZIP/CO: NEWPORT NEWS, VA 23609	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: DR RICKY E CARR TITLE: DIRECTOR ADDRESS: PO BOX 2447 CITY/ST/ZIP/CO: NEWPORT NEWS, VA 23609	<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/ DR RICKY E CARR	DR RICKY E CARR, DIRECTOR	6/10/2015
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.