

1.) CORPORATION NAME: <b>Victory Family Outreach Ministries</b>	DUE DATE: <b>7/31/2014</b>
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>LACY INGRAM 14627 JEFFERSON DAVIS HWY WOODBIDGE, VA</b>	SCC ID NO: <b>06000715</b>
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>PRINCE WILLIAM COUNTY</b>	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>	

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 14627 JEFFERSON DAVIS HWY CITY/ST/ZIP: WOODBRIDGE, VA 22191	
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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 H REID TITLE: PASTOR ADDRESS: 18814 HUNDRED ACRE LANE CITY/ST/ZIP/CO: TRIANGLE, VA 22172	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: LACY INGRAM TITLE: ADM ELDER ADDRESS: 1958 TANTERRA COURT CITY/ST/ZIP/CO: WOODBRIDGE, VA 22191	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: MILDRED INGRAM TITLE: DIRECTOR ADDRESS: 1958 TANTERRA COURT CITY/ST/ZIP/CO: WOODBRIDGE, VA 22191	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: VIVIAN D REID TITLE: DIRECTOR ADDRESS: 18814 HUNDRED ACRE LANE CITY/ST/ZIP/CO: TRIANGLE, VA 22172	<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/ JOHN H REID	JOHN H REID, PASTOR	8/22/2014
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.