

1.) CORPORATION NAME:

**Great Commission Outreach Baptist Church Inc.**

DUE DATE: **6/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JOAN C WORRELL  
151 CRESCENT DR  
POB 1211**

SCC ID NO: **06183867**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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**FRANKLIN, VA**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**SOUTHAMPTON COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 151 CRESCENT DRIVE  
POB 1211

CITY/ST/ZIP: FRANKLIN, VA 23851

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:	JOHNNIE H WORRELL SR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	151 CRESCENT DRIVE		
	POB 1211		
CITY/ST/ZIP/CO:	FRANKLIN, VA 23851		

NAME:	JOAN C WORRELL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHRPRSN/SEC		
ADDRESS:	151 CRESCENT DR		
	POB 1211		
CITY/ST/ZIP/CO:	FRANKLIN, VA 23851		

NAME:	HERBERT BEASLEY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	204 HOLLY COVE STREET		
CITY/ST/ZIP/CO:	FRANKLIN, VA 23851		

NAME:	WALTER HOBBS, JR.	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	709 CHARLES STREET		
CITY/ST/ZIP/CO:	FRANKLIN, VA 23851		

NAME:	MILDRED B SMITH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	PO BOX 41		
CITY/ST/ZIP/CO:	CAPRON, VA 23829		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	IRENE BRITT TRUSTEE 800 CHESTNUT STREET FRANKLIN, VA 23851	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KENNIE DEAN BYNUM ASST SECRETARY 25130 OAK TRAIL APT #D COURTLAND, VA 23837	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALICE DREWRY DIRECTOR 9414 DINKY CIRCLE WINDSOR, VA 23487	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MILDRED SMITH TRUSTEE P.O.B. #41 CAPRON, VA 23829	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SHAHEED TANNER TRUSTEE 205 COLLEGE DR FRANKLIN, VA 23851	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BARBARA WILCOX DIRECTOR 22154 LAUREL STREET P.O.B. 511 COURTLAND, VA 23837	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHNNIE HAYWOOD WORRELL JR. DIRECTOR 151 CRESCENT DRIVE P.O.B. FRANKLIN, VA 23851	<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/ JOAN C WORRELL SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JOAN C WORRELL, CHRPRSN/SEC PRINTED NAME AND CORPORATE TITLE	6/20/2013 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.					