

1.) CORPORATION NAME:

**Positive Impact Ministries**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DIRECTOR  
SAMUEL R ENGLISH SR  
4449 OLEVA ST NW  
ROANOKE, VA 24017**

DUE DATE: **5/27/2010**

SCC ID NO: **06387138**

5.) STOCK INFORMATION

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

**ROANOKE CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 12123

CITY/ST/ZIP: ROANOKE, VA 24023-2123

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: PAMELA J DENT  
TITLE: S/ADMINISTRATOR  
ADDRESS: 1459 EDWARDSVILLE ROAD  
CITY/ST/ZIP/CO: HARDY, VA 24101-

OFFICER

DIRECTOR

NAME: SAMUEL R ENGLISH SR  
TITLE: APOSTLE/FOUNDER  
ADDRESS: 4449 OLEVA ST NW  
CITY/ST/ZIP/CO: ROANOKE, VA 24017-

OFFICER

DIRECTOR

NAME: MICHAEL L FRANKLIN  
TITLE: BISHOP/PASTOR  
ADDRESS: 204 BURTON AVE  
CITY/ST/ZIP/CO: WASHINGTON, PA 15301-

OFFICER

DIRECTOR

NAME: DR WANDA D INGRAM D. DLV.  
TITLE: BISHOP/PASTOR  
ADDRESS: PO BOX 12123  
CITY/ST/ZIP/CO: ROANOKE, VA 24023-

OFFICER

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/ PAMELA J DENT  
SIGNATURE OF DIRECTOR/OFFICER  
LISTED IN THIS REPORT

PAMELA J DENT,  
S/ADMINISTRATOR  
PRINTED NAME AND CORPORATE  
TITLE

1/25/2011

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.