

1.) CORPORATION NAME:

Know The Truth International Ministries Inc.

DUE DATE: **6/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DENISE ANN ROBINSON
9707 ASHBOURN DR
BURKE, VA 22015**

SCC ID NO: **06394514**

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: 9707 ASHBOURN DRIVE

CITY/ST/ZIP: BURKE, VA 22015

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: REV. GERALD ROBINSON TITLE: DIR/OFF ADDRESS: 9707 ASHBOURN DRIVE CITY/ST/ZIP/CO: BURKE, VA 22015	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MARK ELLMORE TITLE: DIRECTOR ADDRESS: 5815 CLAPHAM RD CITY/ST/ZIP/CO: ALEXANDRIA, VA 22315	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: PHILANDER NEWTON TITLE: CHAIRMAN ADDRESS: 4916 ASHFORD DRIVE CITY/ST/ZIP/CO: UPPER MARLBORO, MD 20772	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: REV. TERRELL SHEPPARD TITLE: DIRECTOR ADDRESS: 11505 TRILLUM STREET CITY/ST/ZIP/CO: BOWIE, MD 20721	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SHARON BRITT TITLE: DIRECTOR ADDRESS: 4720 S. LABURNUM AVENUE CITY/ST/ZIP/CO: RICHMOND, VA 23231	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: YAIDA FORD TITLE: DIRECTOR ADDRESS: 1907 GOOD HOPE ROAD, SE #205 CITY/ST/ZIP/CO: WASHINGTON, DC 20020	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: RENE HARRIS TITLE: DIRECTOR ADDRESS: 6512 LAKE PARK DRIVE, #201 CITY/ST/ZIP/CO: GREENBELT, MD 20770	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: JOYCE HAWKINS TITLE: SECRETARY ADDRESS: 722 GLENEAGLES DRIVE CITY/ST/ZIP/CO: FORT WASHINGTON, MD 20744	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: JOHN McKINNON TITLE: DIRECTOR ADDRESS: 13237 OLD FORT ROAD CITY/ST/ZIP/CO: FORT WASHINGTON, MD 20744	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: SEAN ROBINSON TITLE: DIRECTOR ADDRESS: 9707 ASHBOURN DRIVE CITY/ST/ZIP/CO: BURKE, VA 22015	<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/ REV. GERALD ROBINSON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	REV. GERALD ROBINSON, DIR/OFF PRINTED NAME AND CORPORATE TITLE	5/31/2012 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.		