

1.) CORPORATION NAME:

**Know The Truth International Ministries Inc.**

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

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: 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: 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. 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: 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: 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: 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:                   RENEE 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:                   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
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
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
6/26/2013 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.	