

1.) CORPORATION NAME: <b>True Victory Ministries, Inc.</b>	DUE DATE: <b>12/31/2013</b>
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>SHARON Y SPENCER 9 NORTHCUTT DR HAMPTON, VA</b>	SCC ID NO: <b>06696728</b>
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HAMPTON CITY</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: 9 NORTHCUTT DRIVE

CITY/ST/ZIP: HAMPTON, VA 23664

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: MARQUETTA V ALLEN TITLE: OFFICER ADDRESS: 1401 Waters Edge Lane CITY/ST/ZIP/CO: Suffolk, VA 23435	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: DONNA JACOWAY TITLE: OFFICER ADDRESS: 13 JODY'S WAY CITY/ST/ZIP/CO: HAMPTON, VA 23666	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: SHARON Y SPENCER TITLE: DIRECTOR ADDRESS: 9 NORTHCUT DRIVE CITY/ST/ZIP/CO: HAMPTON, VA 23664	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: AUNDRE L SPENCER TITLE: DIRECTOR ADDRESS: 9 NORTHCUT DRIVE CITY/ST/ZIP/CO: HAMPTON, VA 23664	<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/ MARQUETTA V ALLEN	MARQUETTA V ALLEN, OFFICER	1/3/2014
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.