

1.) CORPORATION NAME: Michael O. Jones Ministries	DUE DATE: 9/30/2014
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: MICHAEL O JONES 10283 BIRCH ISLAND ROAD WAKEFIELD, VA	SCC ID NO: 06839377
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: SUSSEX COUNTY	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: VA	

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 10283 BIRCH ISLAND ROAD

CITY/ST/ZIP: WAKEFIELD, VA 23888

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: OTISQUEST L POSEY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
TITLE: TREASURER			
ADDRESS: 2805 TRESTLE COURT			
CITY/ST/ZIP/CO: CONCORD, NC 28025			

NAME: MICHAEL O JONES	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
TITLE: CEO			
ADDRESS: 10283 BIRCH ISLAND ROAD			
CITY/ST/ZIP/CO: WAKEFIELD, VA 23888			

NAME: SHIRLEY A CLARY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
TITLE: DIRECTOR			
ADDRESS: 10283 BIRCH ISLAND ROAD			
CITY/ST/ZIP/CO: WAKEFIELD, VA 23888			

NAME: MICHELLE L JONES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
TITLE: DIRECTOR			
ADDRESS: 19023 OLIVER DRIVE			
CITY/ST/ZIP/CO: SMITHFIELD, VA 23430			

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/ OTISQUEST L POSEY	OTISQUEST L POSEY, TREASURER	12/8/2014
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.