

1.) CORPORATION NAME: THE REDEEMED CHRISTIAN CHURCH OF GOD, HOSANNACHAPEL	DUE DATE: 3/31/2014 SCC ID NO: 06920227		
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ABIODUN O BADA 10211 LEE'S CROSSING LANE FREDERICKSBURG, VA	5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table>	CLASS	AUTHORIZED
CLASS	AUTHORIZED		
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: SPOTSYLVANIA COUNTY			
4.) STATE OR COUNTRY OF INCORPORATION: VA			

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 4410D LAFAYETTE BLVD CITY/ST/ZIP: FREDERICKSBURG, VA 22408	
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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: MODUPE D ABBEY-BADA TITLE: SECRETARY ADDRESS: 10211 LEE'S CROSSING LANE CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22408	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DR. ABIODUN O. BADA TITLE: DIRECTOR ADDRESS: 10211 LEE'S CROSSING LANE CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22408	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MARIE SPROW TITLE: DIRECTOR ADDRESS: 9719 LEAVELLS RD CITY/ST/ZIP/CO: Fredericksburg, VA 22408	<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/ DR. ABIODUN O. BADA SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DR. ABIODUN O. BADA, DIRECTOR PRINTED NAME AND CORPORATE TITLE	3/24/2014 DATE
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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.