

1.) CORPORATION NAME:

Arms Outstretched Ministry, Inc.

DUE DATE: **2/28/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**MICHELLE HUMPHRIES
1 GREENRIDGE DR
STAFFORD, VA**

SCC ID NO: **07052269**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

STAFFORD COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1 GREENRIDGE DR

CITY/ST/ZIP: STAFFORD, VA 22554

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: MICHELLE HUMPHRIES TITLE: PRESIDENT ADDRESS: 1 GREENRIDGE DR CITY/ST/ZIP/CO: STAFFORD, VA 22554	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KEVIN HUMPHRIES TITLE: VICE PRESIDENT ADDRESS: 1 GREENRIDGE DR CITY/ST/ZIP/CO: STAFFORD, VA 22554	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: YOLANDA CANTY TITLE: ASST SECRETARY ADDRESS: 735 Observatory drive CITY/ST/ZIP/CO: Bear, DE 22554	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: PINKY MALOVICK TITLE: BOARD MEMBER ADDRESS: 10424 HAMPTON ROAD CITY/ST/ZIP/CO: FAIRFAX, VA 22039	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Kathy Nolan Deane TITLE: SECRETARY ADDRESS: 3549 Melrose Ave Apt A CITY/ST/ZIP/CO: Triangle, VA 22172	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Daniel Michael Deane TITLE: Board member ADDRESS: 3549 Melrose Ave Apt A CITY/ST/ZIP/CO: Triangle, VA 22172	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: Julian Alexander Brooks TITLE: Board member ADDRESS: 11003 Abbey Lane CITY/ST/ZIP/CO: Fredericksburg, VA 22407	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: George Thigpen TITLE: Board Member ADDRESS: 4501 Sparrow Court CITY/ST/ZIP/CO: Woodbridge, VA 22193	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: Linda May Connors TITLE: TREASURER ADDRESS: 11 Marsh Road CITY/ST/ZIP/CO: Fredericksburg, VA 22406	<input checked="" type="checkbox"/> OFFICER <input 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/ MICHELLE HUMPHRIES SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MICHELLE HUMPHRIES, PRESIDENT PRINTED NAME AND CORPORATE TITLE	2/17/2014 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.		