

1.) CORPORATION NAME:

Arms Outstretched Ministry, Inc.

DUE DATE: **2/28/2015**

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	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1 GREENRIDGE DR		
CITY/ST/ZIP/CO:	STAFFORD, VA 22554		
NAME:	KEVIN HUMPHRIES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1 GREENRIDGE DR		
CITY/ST/ZIP/CO:	STAFFORD, VA 22554		
NAME:	LINDA MAY CONNORS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	11 MARSH ROAD		
CITY/ST/ZIP/CO:	FREDERICKSBURG, VA 22406		
NAME:	JULIAN ALEXANDER BROOKS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	BOARD MEMBER		
ADDRESS:	11003 ABBEY LANE		
CITY/ST/ZIP/CO:	FREDERICKSBURG, VA 22407		
NAME:	YOLANDA CANTY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	735 OBSERVATORY DRIVE		
CITY/ST/ZIP/CO:	BEAR, DE 22554		
NAME:	KATHY NOLAN DEANE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	3549 MELROSE AVE APT A		
CITY/ST/ZIP/CO:	TRIANGLE, VA 22172		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DANIEL MICHAEL DEANE BOARD MEMBER 3549 MELROSE AVE APT A TRIANGLE, VA 22172	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PINKY MALOVICK BOARD MEMBER 10424 HAMPTON ROAD FAIRFAX, VA 22039	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GEORGE THIGPEN BOARD MEMBER 4501 SPARROW COURT WOODBIDGE, VA 22193	<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	1/2/2015 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.			