

1.) CORPORATION NAME: The Shepherd's Heart Evangelistic Ministries, Inc.	DUE DATE: 12/31/2015
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: SHARON C JONES 1201 GREYSTONE AVENUE RICHMOND, VA	SCC ID NO: 07172760
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: VA	

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 1201 GREYSTONE AVENUE CITY/ST/ZIP: RICHMOND, VA 23224	
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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: SHARON C JONES TITLE: PRESIDENT ADDRESS: 1201 GREYSTONE AVENUE CITY/ST/ZIP/CO: RICHMOND, VA 23224	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: ROZENA JACKSON TITLE: SECRETARY ADDRESS: 6801 ARBOR LAKE DRIVE CITY/ST/ZIP/CO: CHESTER, VA 23831	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: PATRICIA C MAYFIELD TITLE: TREASURER ADDRESS: 4906 LINDY LANE CITY/ST/ZIP/CO: RICHMOND, VA 23224	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: SHATARA C MAYFIELD TITLE: DIRECTOR ADDRESS: 4906 LINDY LANE CITY/ST/ZIP/CO: RICHMOND, VA 23224	<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/ SHARON C JONES	SHARON C JONES, PRESIDENT	3/1/2016
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.