

1.) CORPORATION NAME:

**ABUNDANT LIFE FAITH TABERNACLE**

DUE DATE: **2/28/2011**

SCC ID NO: **07187214**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DIRECTOR**

**WILLIAM B WINSTON**

**15439 STONE HORSE CREEK RD**

**GLEN ALLEN, VA 23059**

5.) STOCK INFORMATION

CLASS

AUTHORIZED

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HANOVER COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 15439 STONE HORSE CREEK RD

CITY/ST/ZIP: GLEN ALLEN, VA 23059-

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: AFIA NOELLE KIZA  
TITLE: DIRECTOR  
ADDRESS: PO BOX 24311  
CITY/ST/ZIP/CO: RICHMOND, VA 23224-

OFFICER

DIRECTOR

NAME: MUKEISHA MARYLAND  
TITLE: DIRECTOR  
ADDRESS: PO BOX 5995  
CITY/ST/ZIP/CO: GLEN ALLEN, VA 23060-

OFFICER

DIRECTOR

NAME: WILLIAM M WINSTON  
TITLE: PRESIDENT  
ADDRESS: PO BOX 5995  
CITY/ST/ZIP/CO: GLEN ALLEN, VA 23060-

OFFICER

DIRECTOR

NAME: MARCEL J KIZA  
TITLE: TREASURER  
ADDRESS: PO BOX 5995  
CITY/ST/ZIP/CO: GLEN ALLEN, VA 23060-

OFFICER

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/ MARCEL J KIZA

MARCEL J KIZA, TREASURER

2/1/2011

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.