

1.) CORPORATION NAME: **Servant's Heart And Hands Outreach Ministries, Inc.** DUE DATE: **2/28/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **SHEREE POWELL JENNINGS** SCC ID NO: **07189699**

29 PINE BRANCH DR
BENTONVILLE, VA 5.) STOCK INFORMATION
CLASS AUTHORIZED

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
WARREN COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:
VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 29 PINE BRANCH DRIVE
CITY/ST/ZIP: BENTONVILLE, VA 22610

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	RONALD ALLEN JENNINGS	
TITLE:	PRESIDENT	
ADDRESS:	29 PINE BRANCH DRIVE	
CITY/ST/ZIP/CO:	BENTONVILLE, VA 22610	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	SHEREE POWELL JENNINGS	
TITLE:	SECRETARY	
ADDRESS:	29 PINE BRANCH DRIVE	
CITY/ST/ZIP/CO:	BENTONVILLE, VA 22610	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	LARRY ANDREWS	
TITLE:	DIRECTOR	
ADDRESS:	404 BEAR HOLLOW DRIVE	
CITY/ST/ZIP/CO:	FRONT ROYAL, VA 22630	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	EZEKIEL MCDUFFUS	
TITLE:	DIRECTOR	
ADDRESS:	550-5 EAST GREATER PORTMORE	
CITY/ST/ZIP/CO:	, , FN	

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/ SHEREE POWELL JENNINGS	SHEREE POWELL JENNINGS,	3/2/2015
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY 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.