

1.) CORPORATION NAME:

DUE DATE: **2/28/2013**

Side by Side Ministries

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **07197668**

**MAX I INMAN
3611 CORNELL RD
FAIRFAX, VA 22030-1815**

5.) STOCK INFORMATION

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

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: P.O. BOX 2141

CITY/ST/ZIP: FAIRFAX, VA 22031-2141

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:	MAX I INMAN	
TITLE:	PRESIDENT	
ADDRESS:	3611 CORNELL RD	
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	REGINA ELIZABETH MILLARD	
TITLE:	VICE PRESIDENT	
ADDRESS:	13066 GALENA COURT	
CITY/ST/ZIP/CO:	GAINESVILLE, VA 20155	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	CAROLYN H RAGONA	
TITLE:	DIRECTOR	
ADDRESS:	5413 LEEWAY COURT	
CITY/ST/ZIP/CO:	FAIRFAX, VA 22032	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	EDWIN L SALE	
TITLE:	SECRETARY	
ADDRESS:	3508 LAUNCELOT WAY	
CITY/ST/ZIP/CO:	FAIRFAX, VA 22003	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	CATHY CRAWFORD-PETIT	
TITLE:	DIRECTOR	
ADDRESS:	3415 ANDOVER DR	
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JONATHAN D MAGNET	
TITLE:	DIRECTOR	
ADDRESS:	4423 HOLLY AVE	
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030	

NAME: RAYMOND C MCCANN TITLE: DIRECTOR ADDRESS: 2611 LEMONTREE LN CITY/ST/ZIP/CO: VIENNA, VA 22181	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: JOSEPH M RAGONA TITLE: DIRECTOR ADDRESS: 5413 LEEWAY COURT CITY/ST/ZIP/CO: FAIRFAX, VA 22032	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Ronald Sprinkle TITLE: DIRECTOR ADDRESS: 1014 Shinnecock Hills Drive CITY/ST/ZIP/CO: Oviedo, FL 32765	<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/ REGINA ELIZABETH MILLARD SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	REGINA ELIZABETH MILLARD, VICE PRESIDENT PRINTED NAME AND CORPORATE TITLE	1/7/2013 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.		