

1.) CORPORATION NAME:

DUE DATE: **2/28/2014**

Side by Side Ministries

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **07197668**

**MAX I INMAN
3611 CORNELL RD
FAIRFAX, VA**

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.

NAME:	MAX I INMAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	3611 CORNELL RD		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030		
NAME:	REGINA ELIZABETH MILLARD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	13066 GALENA COURT		
CITY/ST/ZIP/CO:	GAINESVILLE, VA 20155		
NAME:	CAROLYN H RAGONA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5413 LEEWAY COURT		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22032		
NAME:	EDWIN L SALE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	3508 LAUNCELOT WAY		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22003		
NAME:	JONATHAN D MAGNET	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4423 HOLLY AVE		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030		
NAME:	RAYMOND C MCCANN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	2611 LEMONTREE LN		
CITY/ST/ZIP/CO:	VIENNA, VA 22181		

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
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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
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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	1/7/2014 DATE
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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.