

1.) CORPORATION NAME: Cleft of the Rock Ministries	DUE DATE: 3/31/2012
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: RUDOLPH GEISAKA 620 HERON DR CHESAPEAKE, VA 23320	SCC ID NO: 07207053
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: CHESAPEAKE CITY	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: VA	

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 620 HERON DRIVE CITY/ST/ZIP: CHESAPEAKE, VA 23320	
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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: RUDOLPH GEISAKA TITLE: DIRECTOR ADDRESS: 620 HERRON DRIVE CITY/ST/ZIP/CO: CHESAPEAKE, 23320, UM	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SAMUEL R RUTH TITLE: PRESIDENT ADDRESS: 35 Galilee Street CITY/ST/ZIP/CO: Falling Waters, WV 25419	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KEVIN RUTH TITLE: DIRECTOR ADDRESS: 115 Minikahada Circle CITY/ST/ZIP/CO: Avondale, PA 19311	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Jane Ruth TITLE: DIRECTOR ADDRESS: 35 Galilee Street CITY/ST/ZIP/CO: Falling Waters, WV 25419	<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/ RUDOLPH GEISAKA	RUDOLPH GEISAKA, DIRECTOR	8/20/2012
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.