

SCC eFile

**2012 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

212550893

1.) CORPORATION NAME:

**New Vision Family Outreach Ministry Inc.**

DUE DATE: **11/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**PATRICK J MCKENNA  
501 INDEPENDENCE PKWY.  
SUITE 102**

SCC ID NO: **07295017**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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**CHESAPEAKE, VA**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**CHESAPEAKE CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 813 Forrest Drive  
Suite 3

CITY/ST/ZIP: NEWPORT NEWS, VA 23606

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:	CORETTA YVONNE RODRIGUEZ	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	813 Forrest Drive Suite 3		
CITY/ST/ZIP/CO:	NEWPORT NEWS, VA 23606		

NAME:	MYRA R CREED	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	813 Forrest Drive Suite 3		
CITY/ST/ZIP/CO:	NEWPORT NEWS, VA 23606		

NAME:	REGINA MARIE BUTLER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	813 Forrest Drive Suite 3		
CITY/ST/ZIP/CO:	NEWPORT NEWS, VA 23606		

NAME:	CYNTHIA GALE MURCHISON-GRICE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	813 Forrest Drive Suite 3		
CITY/ST/ZIP/CO:	NEWPORT NEWS, VA 23606		

NAME:	RAYANIA MICHELLE GRICE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	813 Forrest Drive Suite 3		
CITY/ST/ZIP/CO:	Newport News, VA 23606		

NAME:	RENARD MICHAIL GRICE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	813 Forrest Drive		
	Suite 3		
CITY/ST/ZIP/CO:	Newport News, VA 23606		

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/ CYNTHIA GALE MURCHISON-GRICE	CYNTHIA GALE MURCHISON-GRICE, PRESIDENT	3/29/2013
_____	_____	_____
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.