

1.) CORPORATION NAME:

**GREATER ANOINTING MINISTRIES, INC.**

DUE DATE: **9/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**HERMAN CROCKETT JR  
919 ROSEWOOD TERR  
PETERSBURG, VA 23805**

SCC ID NO: **07413073**

5.) STOCK INFORMATION

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

**PETERSBURG CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 919 ROSEWOOD TERRACE

CITY/ST/ZIP: PETERSBURG, VA 23805

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: ROBERT CALDWELL SR TITLE: VICE CHAIRMAN ADDRESS: 8715 KINGS DR CITY/ST/ZIP/CO: DISPUTANTA, VA 23842	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: FELECIA A CARTER TITLE: SECRETARY ADDRESS: 13512 GREYFIELD DR CITY/ST/ZIP/CO: CHESTER, VA 23831	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MARTHA L CROCKETT TITLE: VICE PRESIDENT ADDRESS: 919 ROSEWOOD TERR CITY/ST/ZIP/CO: PETERSBURG, VA 23805	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: HERMAN CROCKETT JR TITLE: PRESIDENT ADDRESS: 919 ROSEWOOD TERR CITY/ST/ZIP/CO: PETERSBURG, VA 23805	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TABITHA A ROBERTSON TITLE: ASST TREASURER ADDRESS: 24307 LAKE DR CITY/ST/ZIP/CO: PETERSBURG, VA 23803	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DORETHA S SMITH TITLE: DIRECTOR ADDRESS: 7540 BROOKSHIRE DR CITY/ST/ZIP/CO: PRINCE GEORGE, VA 23875	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROSA JOHNSON-TUMA CHAIRMAN 8700 SQUIRREL LEVEL RD PETERSBURG, VA 23803	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DEXTER R FELS TREASURER 13325 ROSSINGTON PLACE CHESTER, VA 23831	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALVIN R JACKSON DIRECTOR 308 BEAUREGARD AVE PETERSBURG, VA 23805	<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/ <u>MARTHA L CROCKETT</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>MARTHA L CROCKETT, VICE PRESIDENT</u> PRINTED NAME AND CORPORATE TITLE	<u>7/19/2012</u> 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.					