

1.) CORPORATION NAME: Faith World Ministries, Inc.	DUE DATE: 4/30/2014
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: EZEKIEL WILLIAMS 421 BRIDGEWOOD WAY CHESAPEAKE, VA	SCC ID NO: 07503519
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: P.O. BOX 1032 CITY/ST/ZIP: CHESAPEAKE, VA 23327
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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: JOANNA RAY TITLE: TREASURER ADDRESS: P.O. BOX 1985 CITY/ST/ZIP/CO: CHESAPEAKE, VA 23327	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: EZEKIEL WILLIAMS TITLE: CHAIRMAN ADDRESS: 421 BRIDGEWOOD WAY CITY/ST/ZIP/CO: CHESAPEAKE, VA 23320	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MONIQUE WILLIAMS TITLE: DIRECTOR ADDRESS: 421 BRIDGEWOOD WAY CITY/ST/ZIP/CO: CHESAPEAKE, VA 23320	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MARIA WILLIAMS TITLE: DIRECTOR ADDRESS: 440 LAKE HAVASU DRIVE CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23454	<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/ EZEKIEL WILLIAMS	EZEKIEL WILLIAMS, CHAIRMAN	5/27/2014
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.