

1.) CORPORATION NAME: <b>LIFE POINTE MINISTRIES, INC.</b>	DUE DATE: <b>5/31/2016</b>		
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>EDGAR MOSER 4624 PAWLING ST NW ROANOKE, VA</b>	SCC ID NO: <b>07649569</b>		
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>ROANOKE CITY</b>	5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table>	CLASS	AUTHORIZED
CLASS	AUTHORIZED		
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>			

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 4624 PAWLING ST. N.W. 4624 WILLIAMSON RD. N.W.  CITY/ST/ZIP: ROANOKE, VA 24012	
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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: EDGAR MOSER TITLE: PRESIDENT ADDRESS: 4624 PAWLING STREET, NW CITY/ST/ZIP/CO: ROANOKE, VA 24012	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: VIRGINIA MOSER TITLE: DIRECTOR ADDRESS: 4624 PAWLING STREET, NW CITY/ST/ZIP/CO: ROANOKE, VA 24012	<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/ EDGAR MOSER	EDGAR MOSER, PRESIDENT	3/23/2016
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.