

1.) CORPORATION NAME: KOFI THOMPSON MINISTRIES INC. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: KOFI AWOTWE THOMPSON 8416 DEL NORTE CT ALEXANDRIA, VA	DUE DATE: 2/29/2016 SCC ID NO: 07750763 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		
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX COUNTY			
4.) STATE OR COUNTRY OF INCORPORATION: VA			

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 8416 DEL NORTE CT CITY/ST/ZIP: ALEXANDRIA, VA 22309
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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: PASTOR NANCY ELSIE HOLLEY TITLE: DIRECTOR ADDRESS: 6733 TOWER DR #205 CITY/ST/ZIP/CO: ALEXANDRIA, VA 22306	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: PASTOR KOFI AWOTWE THOMPSON TITLE: DIRECTOR ADDRESS: 8416 DEL NORTE CT CITY/ST/ZIP/CO: ALEXANDRIA, VA 22309	<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/ PASTOR KOFI AWOTWE THOMPSON	PASTOR KOFI AWOTWE THOMPSON, DIRECTOR	3/19/2016
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.