

1.) CORPORATION NAME:

**Crown Financial Ministries, Inc.**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E. AUTH IN VI CORPORATE CREATIONS NETWORK INC. 4445 CORPORATION LANE, 2ND FLOOR VIRGINIA BEACH, VA 23462**

DUE DATE: **12/31/2011**

SCC ID NO: **F1495029**

5.) STOCK INFORMATION

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

4.) STATE OR COUNTRY OF INCORPORATION:  
**GA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1035 OLD PEACHTREE ROAD NW

CITY/ST/ZIP: LAWRENCEVILLE, GA 30043-

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: CHARLES H. BENTLEY II  
TITLE: CEO  
ADDRESS: 1035 OLD PEACHTREE ROAD NW  
CITY/ST/ZIP/CO: LAWRENCEVILLE, GA 30043-

OFFICER

DIRECTOR

NAME: ROBERT DICKIE III  
TITLE: PRESIDENT  
ADDRESS: 1035 OLD PEACHTREE ROAD NW  
CITY/ST/ZIP/CO: LAWRENCEVILLE, GA 30043-

OFFICER

DIRECTOR

NAME: TOM DARDEN  
TITLE: Chairman  
ADDRESS: 1035 OLD PEACHTREE ROAD NW  
CITY/ST/ZIP/CO: LAWRENCEVILLE, GA 30043-

OFFICER

DIRECTOR

NAME: JACK ALEXANDER  
TITLE: SECR / TREAS  
ADDRESS: 1035 OLD PEACHTREE ROAD NW  
CITY/ST/ZIP/CO: LAWRENCEVILLE, GA 30043-

OFFICER

DIRECTOR

NAME: SHEILA THOMPSON  
TITLE: VICE PRESIDENT  
ADDRESS: 1035 OLD PEACHTREE ROAD NW  
CITY/ST/ZIP/CO: LAWRENCEVILLE, GA 30043-

OFFICER

DIRECTOR

NAME: PAUL BAGNOLI TITLE: DIRECTOR ADDRESS: 1035 OLD PEACHTREE ROAD NW CITY/ST/ZIP/CO: LAWRENCEVILLE, GA 30043-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: CHUCK BENTLEY TITLE: DIRECTOR ADDRESS: 1035 OLD PEACHTREE ROAD NW CITY/ST/ZIP/CO: LAWRENCEVILLE, GA 30043-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: RAYMOND HARRIS TITLE: DIRECTOR ADDRESS: 1035 OLD PEACHTREE ROAD NW CITY/ST/ZIP/CO: LAWRENCEVILLE, GA 30043-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: JIM SHOEMAKER TITLE: DIRECTOR ADDRESS: 1035 OLD PEACHTREE ROAD NW CITY/ST/ZIP/CO: LAWRENCEVILLE, GA 30043-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: DARYL J. HEALD TITLE: DIRECTOR ADDRESS: 1035 OLD PEACHTREE ROAD NW CITY/ST/ZIP/CO: LAWRENCEVILLE, GA 30043-	<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/ JACK ALEXANDER	JACK ALEXANDER, SECR / TREAS	11/22/2011
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.