

1.) CORPORATION NAME:

Faith Foundation Fellowship

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER
KENDALL HUDSON
3332 KILLIAN AVE
PORTSMOUTH, VA 23704**

DUE DATE: **8/31/2011**

SCC ID NO: **F1639089**

5.) STOCK INFORMATION

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

PORTSMOUTH CITY

4.) STATE OR COUNTRY OF INCORPORATION:

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6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 3644

CITY/ST/ZIP: PORTSMOUTH, VA 23701-

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: WADE FRANCIA
TITLE: TREASURER
ADDRESS: 3332 KILLIAN AVE
CITY/ST/ZIP/CO: PORTSMOUTH, VA 23704-

OFFICER

DIRECTOR

NAME: SHYIL FLEMING
TITLE: DIRECTOR
ADDRESS: 920 KENTON AVE
CITY/ST/ZIP/CO: NORFOLK, VA 23405-

OFFICER

DIRECTOR

NAME: LINDA LEE HUDSON
TITLE: PRESIDENT
ADDRESS: 3332 KILLIAN AVE
CITY/ST/ZIP/CO: PORTSMOUTH, VA 23704-

OFFICER

DIRECTOR

NAME: SHARALYN LEE
TITLE: DIRECTOR
ADDRESS: 3332 KILLIAN AVE
CITY/ST/ZIP/CO: PORTSMOUTH, VA 23704-

OFFICER

DIRECTOR

NAME: MICHAEL RODGERS
TITLE: DIRECTOR
ADDRESS: 306 LINDEN AVE
CITY/ST/ZIP/CO: SUFFOLK, VA 23434-

OFFICER

DIRECTOR

NAME: KENDALL HUDSON TITLE: VICE PRESIDENT ADDRESS: 3332 KILLIAN AVE CITY/ST/ZIP/CO: PORTSMOUTH, VA 23704-	<input checked="" type="checkbox"/> OFFICER	<input 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/ LINDA LEE HUDSON _____	LINDA LEE HUDSON, PRESIDENT _____	8/31/2011 _____
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.