

2019 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

REINSTATE

06



1. CORPORATION NAME  
Shalom Kingdom Community Church, Inc.

DUE DATE:

CORPORATE ID.: 0778988-6

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: DIRECTOR.

ALEX F HAWKINS  
202 ALESA DR  
WILLIAMSBURG VA 23188

*C.O. 10.1.19*

5. TOTAL NUMBER OF AUTHORIZED SHARES:

3. CITY OR COUNTY OF VA REGISTERED OFFICE:  
316 - WILLIAMSBURG CITY (FILED IN JAMES CITY COUNTY)

*AM 8:30*

4. STATE OR COUNTRY OF INCORPORATION:  
VA - VIRGINIA

Changes to items 1 through 5 above cannot be accomplished on this annual report form and will require a separate filing(s). Carefully read the enclosed instruction sheet. Visit our website at [scc.virginia.gov/clk/formfee.aspx](http://scc.virginia.gov/clk/formfee.aspx) or contact the Clerk's Office. Type or print in black only.

6. PRINCIPAL OFFICE ADDRESS:

<input checked="" type="checkbox"/> Mark this box if address shown below is correct	If address is blank or incorrect, add or correct below.
ADDRESS: 202 ALESA DR	ADDRESS:
CITY/ST/ZIP: WILLIAMSBURG VA 23188	CITY/ST/ZIP:

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.

Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input checked="" type="checkbox"/> Delete information	If information at lower left is incorrect or blank, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Replacement
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>
NAME: ALEX F HAWKINS	NAME: <del>FF</del> FELTON HAWKINS
TITLE: P/DIR	TITLE: P/DIR
ADDRESS: 834 MATTMORE PL	ADDRESS: 202 ALESA DR
CITY/ST/ZIP: NEWPORT NEWS VA 23601	CITY/ST/ZIP: WILLIAMSBURG VA 23188

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW.

*Randy T. Mathew*  
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT

*RANDY T. MATHEW VP*  
PRINTED NAME AND TITLE

*8/19/19*  
DATE

It is a Class 1 misdemeanor for any person to sign a document that is false in any material respect with intent that the document be delivered to the Commission for filing.

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2019 ANNUAL REPORT CONTINUED

CORPORATE NAME:  
Shalom Kingdom Community Church, Inc.

DUE DATE:  
SCC ID NO.: 0778988-6

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7. DIRECTORS AND PRINCIPAL OFFICERS (continued):

<p>Mark appropriate box unless area below is blank:  <input type="checkbox"/> Information is correct <input checked="" type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete Information</p>	<p>If information at lower left is incorrect or blank, please mark appropriate box and enter information below: <input checked="" type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>
<p>NAME: RANDY T MATTHEWS                  TITLE: VP/DIR                  ADDRESS: 3015 MAURA CT                  CITY/ST/ZIP: TOANO VA 32168</p> <p>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p>	<p>NAME:                  TITLE:                  ADDRESS: 28413 ADDISON TERRACE                  CITY/ST/ZIP: TOANO VA 23168</p> <p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p>
<p>Mark appropriate box unless area below is blank:  <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input checked="" type="checkbox"/> Delete Information</p>	<p>If information at lower left is incorrect or blank, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input checked="" type="checkbox"/> Addition <input checked="" type="checkbox"/> Replacement</p>
<p>NAME: JIMMIE L SMITH JR                  TITLE: S/DIR                  ADDRESS: 3344 HICKORY NECK BLVD                  CITY/ST/ZIP: JAMES CITY COUNTY VA 23168</p> <p>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p>	<p>NAME: MORRIS A. MATTHEWS                  TITLE: S/DIR                  ADDRESS: 202 AIESA DR                  CITY/ST/ZIP: Williamsburg VA 23188</p> <p>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p>
<p>Mark appropriate box unless area below is blank:  <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete Information</p>	<p>If information at lower left is incorrect or blank, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input checked="" type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>
<p>NAME: <del>ILCE A REMBERT JR</del>                  TITLE:                  ADDRESS:                  CITY/ST/ZIP:</p> <p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p>	<p>NAME: ILCE A. REMBERT JR                  TITLE:                  ADDRESS: 3344 HICKORY NECK BLVD                  CITY/ST/ZIP: TOANO VA, 23168</p> <p>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p>
<p>Mark appropriate box unless area below is blank:  <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete Information</p>	<p>If information at lower left is incorrect or blank, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>
<p>NAME:                  TITLE:                  ADDRESS:                  CITY/ST/ZIP:</p> <p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p>	<p>NAME:                  TITLE:                  ADDRESS:                  CITY/ST/ZIP:</p> <p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p>