

SCC eFile
(6/10)

2011 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

211528311

1.) CORPORATION NAME:

Hope House of the Good Shepherd, Inc.

DUE DATE: **10/31/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

ATTORNEY

KAREN LOFTIN

**111 West Grayson Street
PO Box 227**

SCC ID NO: **04166310**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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Galax, VA 24333

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

GALAX CITY (FILED IN GRAYSON COUNTY)

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 408 W CENTER ST

CITY/ST/ZIP: GALAX, VA 24333-

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: LYNN FUNK
TITLE: TREASURER
ADDRESS: 71 COMMONWEALTH RD
CITY/ST/ZIP/CO: GALAX, VA 24333-

OFFICER

DIRECTOR

NAME: DENNIS T HAYES
TITLE: PRESIDENT
ADDRESS: 1638 CARDINAL RD
CITY/ST/ZIP/CO: GALAX, VA 24333-

OFFICER

DIRECTOR

NAME: SUSAN WHITE
TITLE: PRESIDENT
ADDRESS: 3000 PIPERS GAP RD
CITY/ST/ZIP/CO: GALAX, VA 24333-

OFFICER

DIRECTOR

NAME: PATTI HOLDERFIELD
TITLE: SECRETARY
ADDRESS: 65 BOWLING LN
CITY/ST/ZIP/CO: GALAX, VA 24333-

OFFICER

DIRECTOR

NAME: DEANA RICHARDSON
TITLE: DIRECTOR
ADDRESS: 116 COUNTRY CLUB LANE
CITY/ST/ZIP/CO: GALAX, VA 24333-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HOWARD WAYNE CHAPPELL DIRECTOR 307 WEST CENTER ST GALAX, VA 24333-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CLIFFORD PHILLIPS DIRECTOR 154 PHILLIPS AKERS LANE ENNICE, NC 28623-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BILL SHORTRIDGE DIRECTOR 185 FALCON DR WOODLAWN, VA 24381-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DEBORAH L PAYNE EXEC DIRECTOR 4159 COULSON CHURCH RD HILLSVILLE, VA 24343-	<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/ DEBORAH L PAYNE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DEBORAH L PAYNE, EXEC DIRECTOR PRINTED NAME AND CORPORATE TITLE	11/25/2011 DATE
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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.