

1.) CORPORATION NAME:

**NUEVA ESPERANZA**

DUE DATE: **7/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**LIDA MAURER  
5412 CHATHAM LAKE DRIVE  
VIRGINIA BEACH, VA**

SCC ID NO: **05432695**

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:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5412 CHATHAM LAKE DRIVE

CITY/ST/ZIP: VIRGINIA BEACH, VA 23464

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:	BARBARA MAURER DE BARAHONA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	APDO 4118		
CITY/ST/ZIP/CO:	, , FN		
NAME:	LIDA MAURER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	3695 RT 84		
CITY/ST/ZIP/CO:	KINGSVILLE, OH 44048		
NAME:	SAMUEL RING	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	PO BOX 85		
CITY/ST/ZIP/CO:	EAST SPRINGFIELD, PA 16411		
NAME:	TERRY DAVIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	275 THORNBURG ROAD		
CITY/ST/ZIP/CO:	DALLAS, NC 28034		
NAME:	TOM GILBERT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	56 HAMPTON PLACE		
CITY/ST/ZIP/CO:	WALKERSVILLE, MD 21793		
NAME:	CHAD GUST	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	796 DEER RIDGE ROAD		
CITY/ST/ZIP/CO:	RUTLEDGE, TN 37861		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BONITA JONES DIRECTOR 239 CORALSTONE DRIVE FORT MILL, SC 29708	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DONNA PERRY DIRECTOR 1410 BARBARA DRIVE CHERRYVILLE, NC 28021	<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/ LIDA MAURER	LIDA MAURER, TREASURER	6/10/2015
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.