

1.) CORPORATION NAME: New Hope Baptist Church of Goode, Inc.	DUE DATE: 11/30/2015
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: DONALD H RICE 8270 E LYNCHBURG-SALEM TNPK GOODE, VA	SCC ID NO: 06269682
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: BEDFORD COUNTY	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: VA	

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 8270 E LYNCHBURG SALEM TNPK

CITY/ST/ZIP: GOODE, VA 24556

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: BARRY L GRAY	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: DEACON				
ADDRESS: 204 WINEBARGER CIR				
CITY/ST/ZIP/CO: LYNCHBURG, VA 24501				

NAME: DONALD H RICE	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: PASTOR				
ADDRESS: 88 JEAN PLACE				
CITY/ST/ZIP/CO: LYNCHBURG, VA 24502				

NAME: SCOTT RICE	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: DEACON				
ADDRESS: 1194 ASHTON CT				
CITY/ST/ZIP/CO: GOODE, VA 24556				

NAME: RICHARD G SIMON	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: DEACON				
ADDRESS: 113 PICCADILLY CT				
CITY/ST/ZIP/CO: GOODE, VA 24556				

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/ SCOTT RICE	SCOTT RICE, DEACON	12/23/2015
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.