

1.) CORPORATION NAME:

**New Hope Estates Group Home, Inc.**

DUE DATE: **5/31/2011**

SCC ID NO: **06389035**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY**

**GARY M NUCKOLS**

**725 JACKSON ST STE 200**

**FREDERICKSBURG, VA 22401**

5.) STOCK INFORMATION

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

**FREDERICKSBURG CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 600 JACKSON STREET

CITY/ST/ZIP: FREDERICKSBURG, VA 22401-

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: RONALD W. BRANSCOME  
TITLE: PRESIDENT  
ADDRESS: 213 SLEEPY HOLLOW TRAIL  
CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22405-

OFFICER

DIRECTOR

NAME: CHARLES A. COOPER, SR.  
TITLE: VICE PRESIDENT  
ADDRESS: 109 WEST WILDWOOD LANE  
CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22405-

OFFICER

DIRECTOR

NAME: B. ANNETTE JOHNSON  
TITLE: SEC/TREAS  
ADDRESS: 610 JETT STREET  
CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22405-

OFFICER

DIRECTOR

NAME: LAWRENCE A. DAVIES  
TITLE: DIRECTOR  
ADDRESS: 1301 CARDWELL STREET  
CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22401-

OFFICER

DIRECTOR

NAME: AL COLLINS  
TITLE: DIRECTOR  
ADDRESS: 21418 KIDDS FORK ROAD  
CITY/ST/ZIP/CO: BOWLING GREEN, VA 22427-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	IRA WEST DIRECTOR P.O. BOX 59 DAHLGREN, VA 22448-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EDITH O. FLEMING DIRECTOR 829 LINCOLN DRIVE FREDERICKSBURG, VA 22407-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLES A. COOPER, JR. DIRECTOR 109 WEST WILDWOOD LANE FREDERICKSBURG, VA 22405-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARIE KUNLO DIRECTOR P.O. BOX 41 8281 DAHLGREN ROAD KING GEORGE, VA 22485-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOYCE KENNEDY DIRECTOR 2708 SALEM CHURCH ROAD APT# 214 FREDERICKSBURG, VA 22407-	<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.

<u>/s/ RONALD W. BRANSCOME</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	RONALD W. BRANSCOME, PRESIDENT PRINTED NAME AND CORPORATE TITLE	<u>4/13/2011</u> 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.