

1.) CORPORATION NAME:

Hope Distributed Community Development Corporation

DUE DATE: **10/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**SAMUEL G MONTANEZ
1871 BOYERS RD
HARRISONBURG, VA**

SCC ID NO: **06840466**

5.) STOCK INFORMATION

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

ROCKINGHAM COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1871 BOYERS ROAD

CITY/ST/ZIP: HARRISONBURG, VA 22801

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:	VICKIE WALDROP	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	2314 BEAR LITHIA RD.		
CITY/ST/ZIP/CO:	ELKTON, VA 22827		
NAME:	SAMUEL G MONTANEZ	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	OFFICER		
ADDRESS:	4594 LAWYER RD		
CITY/ST/ZIP/CO:	MCGAHEYSVILLE, VA 22840		
NAME:	WILLIAM J TROYER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	O/D		
ADDRESS:	134 RORRER CIRCLE		
CITY/ST/ZIP/CO:	HARRISONBURG, VA 22801		
NAME:	KERRY W WILLIS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	O/D		
ADDRESS:	3257 BAYBROOK DR		
CITY/ST/ZIP/CO:	HARRISONBURG, VA 22801		
NAME:	MELODY FULK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	531 SNOWFLAKE MILL RD.		
CITY/ST/ZIP/CO:	WEYERS CAVE, VA 24486		
NAME:	DEBBIE HUNTLEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2176 SADDLE TRAIL		
CITY/ST/ZIP/CO:	MCGAHEYSVILLE, VA 22840		

NAME: KRISTY KONE TITLE: DIRECTOR ADDRESS: 149 VALLEY VIEW AVE. CITY/ST/ZIP/CO: MOUNT SIDNEY, VA 24467	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: CAROL MARTIN TITLE: DIRECTOR ADDRESS: 4176 DRY HOLLOW RD. CITY/ST/ZIP/CO: DAYTON, VA 22821	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: ALBERTO MARTINEZ TITLE: DIRECTOR ADDRESS: 3016 CRYSTAL SPRING LANE CITY/ST/ZIP/CO: HARRISONBURG, VA 22801	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: PEARL PARKS TITLE: DIRECTOR ADDRESS: 152 ELK LANE CITY/ST/ZIP/CO: MCGAHEYSVILLE, VA 22840	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: CARLOS PULIDO TITLE: DIRECTOR ADDRESS: 3151 JOPPA CT. CITY/ST/ZIP/CO: HARRISONBURG, VA 22801	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: ANN-MARIE WENGER TITLE: DIRECTOR ADDRESS: 2153 AMBERLY RD. CITY/ST/ZIP/CO: HARRISONBURG, VA 22802	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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/ SAMUEL G MONTANEZ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SAMUEL G MONTANEZ, OFFICER PRINTED NAME AND CORPORATE TITLE	12/22/2014 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.				