

1.) CORPORATION NAME:

Still Hope Foundation, Inc.

DUE DATE: **10/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**WILLIAM A BROTHERS
107 RYDER
SMITHFIELD, VA**

SCC ID NO: **06853949**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ISLE OF WIGHT COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 121 W. Tazewell Street

CITY/ST/ZIP: Norfolk, VA 23510

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MONICA Y BROTHERS	
TITLE:	PRESIDENT, COO	
ADDRESS:	107 RYDER	
CITY/ST/ZIP/CO:	SMITHFIELD, VA 23430	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	WILLIAM I. FOSTER, III	
TITLE:	PRESIDENT	
ADDRESS:	C/O TOWNE BANK	
CITY/ST/ZIP/CO:	2101 PARKS AVE, STE. 200 VA BEACH, VA 23451	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	TARA W. MCGEE	
TITLE:	PRESIDENT	
ADDRESS:	P. O. BOX 712	
CITY/ST/ZIP/CO:	CARROLLTON, VA 23314	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	CHRISTINE M. BACON	
TITLE:	SECRETARY	
ADDRESS:	6037 CAPITAL PLACE	
CITY/ST/ZIP/CO:	VA BEACH, VA 23464	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	L. D. BRITT, MD, MPH	
TITLE:	DIRECTOR	
ADDRESS:	C/O EVMS	
CITY/ST/ZIP/CO:	825 FAIRFAX BLDG, STE. 610 NORFOLK, VA 23507	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	WILLIAM A. (TONY) BROTHERS	
TITLE:	DIRECTOR	
ADDRESS:	107 RYDER	
CITY/ST/ZIP/CO:	SMITHFIELD, VA 23430	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NIKEMA CARRERO DIRECTOR 4201 Enterprise Blvd. Virginia Beach, VA 23453	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BARBARA KING HART DIRECTOR 4036 Timber Ridge Dr. Virginia Beach, VA 23455	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CARLA M. HOWARD DIRECTOR 415 ST. PAUL'S BLVD. # 112 NORFOLK, VA 23504	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARY PAT LIGGIO DIRECTOR 3979 WEST STRATFORD ROAD VA BEACH, VA 23455	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOYCE NILES DIRECTOR 1206 ROBLEs CT CHESAPEAKE, VA 23322	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DANIJEL VELICKI DIRECTOR C/O THE OPUS GROUP OF VIRGINIA 222 CENTRAL PARK AVE. #1170 NORFOLK, VA 23462	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANGELIA M. WILLIAMS DIRECTOR P. O. 12495 NORFOLK, VA 23541	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Nathan Drory DIRECTOR c/o Charles Barker Automotive 4949 VA Beach Blvd. Virginia Beach, VA 23462	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Robert McCabe DIRECTOR 9552 25th Bay Street Norfolk, VA 23518	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Stephen D. Porter DIRECTOR c/o Sentara Princess Anne Hospital 2025 Glenn Mitchell Dr. Virginia Beach, VA 23456	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: Tom Walker TITLE: DIRECTOR ADDRESS: c/o WebTeks, Inc. 676 Independence Pkwy., Ste. 120 CITY/ST/ZIP/CO: Chesapeake, VA 23320	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Stephen D. Lentz TITLE: DIRECTOR ADDRESS: 2610 Potters Rd. Suite 108 CITY/ST/ZIP/CO: Virginia Beach, VA 23452	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Andrew Nusbaum TITLE: DIRECTOR ADDRESS: c/o S. L. Nusbaum Realty Co. 440 Monticello Ave., Ste. 1700 CITY/ST/ZIP/CO: Norfolk, VA 23510	<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.		
<u>/s/ MONICA Y BROTHERS</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>MONICA Y BROTHERS,</u> PRESIDENT, COO PRINTED NAME AND CORPORATE TITLE	<u>10/22/2013</u> 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.		