

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213511506

1.) CORPORATION NAME:

Veterans' Hope

DUE DATE: **4/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

CORPORATION SERVICE COMPANY

Bank of America Center, 16th Floor

1111 East Main Street

SCC ID NO: **07082969**

5.) STOCK INFORMATION

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

RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1316 Lake Shore Drive

CITY/ST/ZIP: Orlando, FL 32803

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:	RICHARD ECKER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	63 KANE WAY		
CITY/ST/ZIP/CO:	STAFFORD, VA 22556		

NAME:	Al Zeitner	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	11091 Meads Loop		
CITY/ST/ZIP/CO:	Orange Park Acres, CA 92808		

NAME:	Jono Iglesias	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	1316 Lake Shore Drive		
CITY/ST/ZIP/CO:	Orlando, FL 32803		

NAME:	Riley D Dodds	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	1316 Lake Shore Drive		
CITY/ST/ZIP/CO:	Orlando, FL 32803		

NAME:	Mark A Serkez	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1316 Lake Shore Drive		
CITY/ST/ZIP/CO:	Orlando, FL 32803		

NAME:	Brandon S Zeitner	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1906 Blue Sage Drive		
CITY/ST/ZIP/CO:	Papillion, NE 68133		

NAME: Christopher Bengube TITLE: DIRECTOR ADDRESS: 911 East Camelback Road CITY/ST/ZIP/CO: Phoenix, AZ 85014	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Michael L Slee TITLE: DIRECTOR ADDRESS: 5388 Grand Prix Court CITY/ST/ZIP/CO: Fontana, CA 92336	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Brian Johnson TITLE: DIRECTOR ADDRESS: 1316 Lake Shore Drive CITY/ST/ZIP/CO: Orlando, FL 32803	<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/ RICHARD ECKER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	RICHARD ECKER, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	3/6/2013 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.		