

1.) CORPORATION NAME: HOPE Academy, Inc.	DUE DATE: 6/30/2015
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: STACEY PICKERAL GAULDIN 12593 CHATHAM ROAD AXTON, VA	SCC ID NO: 07526247
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: PITTSYLVANIA COUNTY	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: VA	

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 12711 CHATHAM ROAD

CITY/ST/ZIP: AXTON, VA 24054

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: STARLETT M HEDRICK TITLE: PRESIDENT ADDRESS: 574 PINE VIEW LANE CITY/ST/ZIP/CO: AXTON, VA 24054	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: DENISE H BURKE TITLE: VICE PRESIDENT ADDRESS: 683 PINE VIEW LANE CITY/ST/ZIP/CO: AXTON, VA 24054	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: STACY P GAULDIN TITLE: TREASURER ADDRESS: 12593 CHATHAM RD CITY/ST/ZIP/CO: AXTON, VA 24054	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: RONNIE D MINTE TITLE: SECRETARY ADDRESS: 1510 NORTH FORK ROAD CITY/ST/ZIP/CO: MARTINSVILLE, VA 24112	<input checked="" 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/ STARLETT M HEDRICK	STARLETT M HEDRICK, PRESIDENT	8/25/2015
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.