

SCC eFile

2015 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

215528820

1.) CORPORATION NAME:

CLL Helping Hands of Hope Ministries

DUE DATE: **7/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**UNITED STATES CORPORATION AGENTS INC
1900 CAMPUS COMMONS DR STE 100
RESTON, VA**

SCC ID NO: **07803588**

5.) STOCK INFORMATION

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

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: Tam O Shanter Blvd

CITY/ST/ZIP: Williamsburg, VA 23185

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:	CRYSTAL L HASKIN	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE:	DIRECTOR				
ADDRESS:	501 TAM O SHANTER BLVD				
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23185				

NAME:	CYNTHIA CEASER LASSITER	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE:	DIRECTOR				
ADDRESS:	501 TAM O SHANTER BLVD				
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23185				

NAME:	CURTIS LEON LASSITER	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE:	DIRECTOR				
ADDRESS:	501 TAM O SHANTER BLVD				
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23185				

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/ CYNTHIA CEASER LASSITER</u>	<u>CYNTHIA CEASER LASSITER,</u>	<u>7/31/2015</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DIRECTOR 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.