

SCC eFile

**2015 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

215508512

1.) CORPORATION NAME:

POST HOPE FOUNDATION, INC.

DUE DATE: **3/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS, INC.
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1700634**

5.) STOCK INFORMATION

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

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

GA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4401 NORTHSIDE PARKWAY
SUITE 800

CITY/ST/ZIP: ATLANTA, GA 30327

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:	DAVID P STOCKERT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	4401 NORTHSIDE PARKWAY SUITE 800		
CITY/ST/ZIP/CO:	ATLANTA, GA 30327		

NAME:	KATHLEEN M MASON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	ASST TREAS		
ADDRESS:	4401 NORTHSIDE PARKWAY SUITE 800		
CITY/ST/ZIP/CO:	ATLANTA, GA 30327		

NAME:	CHRISTOPHER J PAPA	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	4401 NORTHSIDE PARKWAY SUITE 800		
CITY/ST/ZIP/CO:	ATLANTA, GA 30327		

NAME:	SHERYL G COHEN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	4401 NORTHSIDE PARKWAY SUITE 800		
CITY/ST/ZIP/CO:	ATLANTA, GA 30327		

NAME:	LINDA J RICKLEF	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EXEC DIRECTOR		
ADDRESS:	4401 NORTHSIDE PARKWAY SUITE 800		
CITY/ST/ZIP/CO:	ATLANTA, GA 30327		

NAME:	S. JAMIE TEABO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4401 NORTHSIDE PARKWAY		
CITY/ST/ZIP/CO:	SUITE 800 ATLANTA, GA 30327		

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/ SHERYL G COHEN	SHERYL G COHEN, SECRETARY	3/4/2015
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.