

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # F94000000142

1. Entity Name
NARAL PRO-CHOICE AMERICA FOUNDATION, INC.



Principal Place of Business
**1156 - 15TH STREET NW, STE. 700
WASHINGTON, DC 20005**

Mailing Address
**1156 - 15TH STREET NW, STE. 700
WASHINGTON, DC 20005**



01162007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-1100361

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KEENAN, NANCY
STREET ADDRESS	1156 15TH ST. NW STE 700
CITY-STATE-ZIP	WASHINGTON, DC 20005
TITLE	T
NAME	HENRY, ANGELA
STREET ADDRESS	1156 15TH ST NW, STE 700
CITY-STATE-ZIP	WASHINGTON, DC 20005
TITLE	VC
NAME	EISENBERG, JOANN
STREET ADDRESS	1156 15TH ST NW STE 700
CITY-STATE-ZIP	WASHINGTON, DC 20005
TITLE	S
NAME	GREENE, NONIE H
STREET ADDRESS	1156 15TH ST NW, STE 700
CITY-STATE-ZIP	WASHINGTON, DC 20005
TITLE	C
NAME	MACKENZIE, WENDY
STREET ADDRESS	1156 15TH ST NW STE 700
CITY-STATE-ZIP	WASHINGTON, DC 20005
TITLE	CFO
NAME	BOTTS, JOHN
STREET ADDRESS	1156 15TH ST NW STE 700
CITY-STATE-ZIP	WASHINGTON, DC 20005

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01/23/07-80029-014 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #