

2014 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000000218

Entity Name: ALLIANCE FOR SCHOOL CHOICE, INC.**Current Principal Place of Business:**1660 L STREET, NW
1000
WASHINGTON, DC 20036**Current Mailing Address:**1660 L STREET, NW
1000
WASHINGTON, DC 20036**FEI Number:** 52-2111508**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	TREASURER
Name	MILLER, JENNIFER
Address	1660 L STREET, NW 1000
City-State-Zip:	WASHINGTON DC 20036

Title	CHAIRMAN
Name	DEVOS, BETSY
Address	1660 L STREET, NW 1000
City-State-Zip:	WASHINGTON DC 20036

Title	VC
Name	KIRTLEY, JOHN
Address	1660 L STREET, NW 1000
City-State-Zip:	WASHINGTON DC 20036

Title	DIRECTOR
Name	OBERNDORF, WILLIAM
Address	1660 L STREET, NW 1000
City-State-Zip:	WASHINGTON DC 20036

Title	DIRECTOR
Name	PENNER, CARRIE
Address	1660 L STREET, NW 1000
City-State-Zip:	WASHINGTON DC 20036

Title	DIRECTOR
Name	CURRY, BOYKIN
Address	1660 L STREET, NW 1000
City-State-Zip:	WASHINGTON DC 20036

Title	DIRECTOR
Name	HUBBARD, KATHY
Address	1660 L STREET, NW 1000
City-State-Zip:	WASHINGTON DC 20036

Title	DIRECTOR
Name	BARFIELD, LEE
Address	1660 L STREET, NW 1000
City-State-Zip:	WASHINGTON DC 20036

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JENNIFER MILLER

TREASURER

02/27/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	ROBERTSON, SPENCER
Address	1660 L STREET, NW 1000
City-State-Zip:	WASHINGTON DC 20036