

**2015 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000000438

**FILED**  
**Apr 09, 2015**  
**Secretary of State**  
**CC1753193148**

**Entity Name:** VOTING FOR AMERICA CORPORATION

**Current Principal Place of Business:**

805 15TH STREET, NW  
250  
WASHINGTON, DC 20005

**Current Mailing Address:**

805 15TH STREET, NW  
SUITE 250  
WASHINGTON, DC 20005 US

**FEI Number:** 26-4802468

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

INCorp SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 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 DIRECTOR  
Name BRERETON, RENEE  
Address 4429 COLORADO AVE NW  
City-State-Zip: WASHINGTON DC 20011

Title PED  
Name SLATER, MICHAEL  
Address 1350 I STREET NW  
City-State-Zip: WASHINGTON DC 20005

Title VC  
Name WRIGHT, EMERY  
Address 9 GAMMON AVENUE  
City-State-Zip: ATLANTA GA 30315

Title AS  
Name MELLOR, BRIAN  
Address 1350 I STREET NW  
City-State-Zip: WASHINGTON DC 20005

Title DIRECTOR  
Name GREER, CHRISTINA  
Address FORDHAM UNIV. 113 W 60TH ST-9TH  
FL  
City-State-Zip: NY NY 10023

Title DIRECTOR  
Name ASKIN, FRANK  
Address RUTGERS LAW SCHOOL 123  
WASHINGTON ST  
City-State-Zip: NEWARK NJ 07102

Title DIRECTOR  
Name KAPLAN, CRAIG  
Address 214 E 18TH ST  
City-State-Zip: NEW YORK NY 10003

Title DIRECTOR  
Name PIVEN, FRANCES  
Address 35 CLAREMONT AVENUE, APT. 11-S  
City-State-Zip: NEW YORK NY 10027

**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:** BRIAN MELLOR

**ASST. SECRETARY**

**04/09/2015**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title C  
Name GROARKE, MARGARET  
Address 3330 GILES PLACE  
City-State-Zip: BRONX NY 10463

Title ST  
Name COLE, LEIGH-ANNE  
Address 27 CENTURY STREET  
City-State-Zip: SOMERVILLE MA 02145

Title DIRECTOR  
Name RIVERA, GUSTAVO  
Address 2751 UNIVERSITY AVENUE  
APT. 2D  
City-State-Zip: BRONX NY 10468

Title DIRECTOR  
Name MASTERS, BOB  
Address 90 PINE STREET, 37TH FLOOR  
City-State-Zip: NEW YORK NY 10005

Title DIRECTOR  
Name SCHAUB, HELEN  
Address 35-33 76TH STREET  
APT #21  
City-State-Zip: JACKSON HEIGHTS NY 11372