

2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F22000003348

FILED
Apr 29, 2024
Secretary of State
1426857534CC

Entity Name: NAF HOTLINE FUND CORPORATION

Current Principal Place of Business:

11890 SUNRISE VALLEY DRIVE
SUITE 206
RESTON, VA 20191

Current Mailing Address:

11890 SUNRISE VALLEY DRIVE
SUITE 206
RESTON, VA 20191 US

FEI Number: 26-4703759

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

INCorp SERVICES, INC.
3458 LAKESHORE DRIVE
TALLAHASSEE, FL 32312 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: LOUISE BREYTENBACH

04/29/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHIEF OPERATING OFFICER AND
TREASURER
Name JONES, VERONICA
Address 11890 SUNRISE VALLEY DRIVE
SUITE 206
City-State-Zip: RESTON VA 20191

Title CHIEF LEGAL & STRATEGY OFFICER
Name TALCOTT CAMP, SUSAN
Address 11890 SUNRISE VALLEY DRIVE
SUITE 206
City-State-Zip: RESTON VA 20191

Title PRESIDENT AND CEO
Name FONTENO, BRITTANY
Address 11890 SUNRISE VALLEY DRIVE
SUITE 206
City-State-Zip: RESTON VA 20191

Title CHAIRMAN
Name CHAITEN, LORIE
Address 11890 SUNRISE VALLEY DRIVE
SUITE 206
City-State-Zip: RESTON VA 20191

Title VICE CHAIR
Name FRANCE, CHRISSE
Address 11890 SUNRISE VALLEY DRIVE
SUITE 206
City-State-Zip: RESTON VA 20191

Title DIRECTOR
Name HILL, JESSIE
Address 11890 SUNRISE VALLEY DRIVE
SUITE 206
City-State-Zip: RESTON VA 20191

Title SECRETARY, SENIOR DIRECTOR
Name LACHENAUER, RACHEL
Address 11890 SUNRISE VALLEY DRIVE
SUITE 206
City-State-Zip: RESTON VA 20191

Title CHIEF PROGRAM OFFICER
Name FOWLER, MELISSA
Address 11890 SUNRISE VALLEY DRIVE
SUITE 206
City-State-Zip: RESTON VA 20191

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: VERONICA JONES

TREASURER AND COO

04/29/2024

Electronic Signature of Signing Officer/Director Detail

Date