2022 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F9400000142

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

FILED May 02, 2022 **Secretary of State** 8423271586CC

Current Principal Place of Business:

1725 EYE STREET, NW, SUITE 900 WASHINGTON, DC 20006

Current Mailing Address:

1725 EYE STREET, NW, SUITE 900 WASHINGTON, DC 20006 US

FEI Number: 52-1100361 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NORTHWEST REGISTERED AGENT 7901 4TH STREET NORTH SUITE 300

ST. PETERSBURG, FL 33702 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: TOM GLOVER 05/02/2022

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **PRESIDENT** Title CFO

Name TIMMARAJU, MINI Name KRAVITZ, STEVEN J.

1725 EYE STREET, NW, SUITE 900 1725 EYE STREET, NW, SUITE 900 Address Address

WASHINGTON DC 20006 City-State-Zip: WASHINGTON DC 20006 City-State-Zip:

CHAIRMAN Title **MEMBER** Title

Name FINE, ALLISON ROSALYN, JONAS L Name

Address 1725 EYE STREET, NW, SUITE 900 1725 EYE STREET, NW, SUITE 900 Address

City-State-Zip: WASHINGTON DC 20006 WASHINGTON DC 20006 City-State-Zip:

Title VC **TREASURER** Title

BIEBER, MELINDA Name Name KOENIGSKNECHT, DAWN

Address 1725 EYE STREET, NW, SUITE 900 Address 1725 EYE STREET, NW, SUITE 900

City-State-Zip: WASHINGTON DC 20006 City-State-Zip: WASHINGTON DC 20006

Title **MEMBER** Title **MEMBER**

BUSS, ELAINE Name Name BRORSEN, MELINDA

1725 EYE STREET, NW, SUITE 900 Address 1725 EYE STREET, NW, SUITE 900 Address

WASHINGTON DC 20006 City-State-Zip: City-State-Zip: WASHINGTON DC 20006

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05/02/2022 SIGNATURE: STEVEN KRAVITZ **CFO**

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.

Officer/Director Detail Continued:

Title MEMBER

Name CHHEDA, SACHIN

Address 1725 EYE STREET, NW, SUITE 900

City-State-Zip: WASHINGTON DC 20006

Title MEMBER
Name FIKES, AMY

Address 1725 EYE STREET, NW, SUITE 900

City-State-Zip: WASHINGTON DC 20006

Title MEMBER

Name GROSSMAN, DAN

Address 1725 EYE STREET, NW, SUITE 900

City-State-Zip: WASHINGTON DC 20006

Title MEMBER
Name NEIL, SYLVIA

Address 1725 EYE STREET, NW, SUITE 900

City-State-Zip: WASHINGTON DC 20006

Title CHIEF DEVELOPMENT OFFICER

Name ROBINSON, KIMBERLEY H

Address 1725 EYE STREET, NW, SUITE 900

City-State-Zip: WASHINGTON DC 20006

Title MEMBER

Name DENLINGER, JANET L

Address 1725 EYE STREET, NW, SUITE 900

City-State-Zip: WASHINGTON DC 20006

Title MEMBER

Name GEESLIN, PRISCILLA

Address 1725 EYE STREET, NW, SUITE 900

City-State-Zip: WASHINGTON DC 20006

Title MEMBER

Name IMERSHEIN, SARA

Address 1725 EYE STREET, NW, SUITE 900

City-State-Zip: WASHINGTON DC 20006

Title MEMBER

Name ZELDEN, KAREN

Address 1725 EYE STREET, NW, SUITE 900

City-State-Zip: WASHINGTON DC 20006