Entity Name: THE STUDENT CONSERVATION ASSOCIATION, INC.

2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

1310 N. COURTHOUSE ROAD SUITE 110 ARLINGTON, VA 22201

Current Mailing Address:

DOCUMENT# F9600002964

1310 N. COURTHOUSE ROAD SUITE 110 ARLINGTON, VA 22201 US

FEI Number: 91-0880684

Name and Address of Current Registered Agent:

CSC THE UNITED STATES CORP. 1201 HAYS STREET TALLAHASSEE, FL 32301 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

Officer/Director Detail :

OmcenDirec	tor Detail :		
Title	PRESIDENT, DIRECTOR	Title	SECRETARY
Name	SOTO-HARMON, LIDIA	Name	MCINTOSH, BARBARA
Address	1310 N. COURTHOUSE ROAD SUITE 110	Address	1310 N. COURTHOUSE ROAD SUITE 110
City-State-Zip:	ARLINGTON VA 22201	City-State-Zip:	ARLINGTON VA 22201
Title	TREASURER, DIRECTOR	Title	CHAIRMAN
Name	HOWELL, STEVE	Name	CARMODY, GAIL
Address	3612 N. ABINGDON ST	Address	436 WAHOO ROAD SUITE 27896
City-State-Zip:	ARLINGTON VA 22207	City-State-Zip:	PANAMA CITY BEACH FL 32408
Title	DIRECTOR	Title	DIRECTOR
Name	ARROYO, BRYAN	Name	TIDWELL, TOM
Address	6613 CREEK RUN DR	Address	1165 MAJESTIC VIEW DR
City-State-Zip:	CENTREVILLE VA 20121	City-State-Zip:	MCCALL IN 83638
Title	DIRECTOR	Title	DIRECTOR
Name	BONAVIST, KATHY	Name	LEATHERS, DAVID
Address	387 3RD AVENUE,	Address	283 COMMONWEALTH AVE, UNIT 4
City-State-Zip:	TROY NY 12182	City-State-Zip:	WINCHESTER MA 01890

Continues on page 2

PRESIDENT

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: LIDIA SOTO-HARMON

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

Date

04/04/2024

Officer/Director Detail Continued :

Title	DIRECTOR	Title	DIRECTOR
Name	SMITH WHIGHAM, SHANELLE	Name	SUTHERLAND, ANDREW
Address	127 PUBLIC SQUARE	Address	155 STONEWALL RD
City-State-Zip:	CLEVELAND OH 44114	City-State-Zip:	BERKELEY CA 94705
Title	DIRECTOR	Title	DIRECTOR
Name	VOGEL, BOB	Name	WADHAMS, ANNA
Address	85037 BARSONAGE COURT	Address	1208 ARBORVIEW BLVD,
City-State-Zip:	FERNANDINA BEACH FL 32034	City-State-Zip:	ANN ARBOR MI 48103
Title	DIRECTOR	Title	DIRECTOR
Title Name	DIRECTOR RING, BETTINA	Title Name	DIRECTOR THOMAS, TERRI
Name	RING, BETTINA	Name	THOMAS, TERRI
Name Address	RING, BETTINA 1523 VALCREST LANE	Name Address	THOMAS, TERRI 6 RAINS WAY
Name Address City-State-Zip:	RING, BETTINA 1523 VALCREST LANE CHARLOTTESVILLE VA 22901	Name Address City-State-Zip:	THOMAS, TERRI 6 RAINS WAY HOUSTON TX 77007
Name Address City-State-Zip: Title	RING, BETTINA 1523 VALCREST LANE CHARLOTTESVILLE VA 22901 DIRECTOR	Name Address City-State-Zip: Title	THOMAS, TERRI 6 RAINS WAY HOUSTON TX 77007 DIRECTOR
Name Address City-State-Zip: Title Name	RING, BETTINA 1523 VALCREST LANE CHARLOTTESVILLE VA 22901 DIRECTOR LEWIN, CINDY	Name Address City-State-Zip: Title Name	THOMAS, TERRI 6 RAINS WAY HOUSTON TX 77007 DIRECTOR MEBANE, NATALIE 400 GALLOWAY ST NE