

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90019 023 ****70.00

DOCUMENT # F07000005927

1. Entity Name
ALLEY CAT ALLIES INCORPORATED



Principal Place of Business
**7920 NORFOLK AVENUE, SUITE 600
BATHESDA, MD 20814**

Mailing Address
**7920 NORFOLK AVENUE, SUITE 600
BATHESDA, MD 20814**

2. Principal Place of Business - No P.O. Box #
7920 NORFOLK AVE

3. Mailing Address
7920 NORFOLK AVE

Suite, Apt. #, etc.
SUITE 600

Suite, Apt. #, etc.
SUITE 600

City & State
BETHESDA

City & State
BETHESDA

03192008 Chg-NP CR2E037 (12/06)

4. FEI Number
52-1742079

Applied For
☐ Not Applicable

Zip
20814

Country
MONTGOMERY

Zip
20814

Country
MONTGOMERY

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **AYRES, BETH**
STREET ADDRESS **2923 Foxhall Rd. NW**
CITY-ST-ZIP **Washington, DC 20016**

TITLE **D** ☐ Change ☒ Addition
NAME **DLINE, IRINA**
STREET ADDRESS **4116 Ellicott Street, NW**
CITY-ST-ZIP **Washington, DC 20016**

TITLE **D** ☐ Delete
NAME **CHU, KARYEN**
STREET ADDRESS **1400 East West Hwy. #1519**
CITY-ST-ZIP **Silver Spring, MD 20910**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **KUKLA, TAMARA**
STREET ADDRESS **3001 Park Center Drive, Apt. 1417**
CITY-ST-ZIP **Alexandria, VA 22302**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **RAPHAEL, ERIC N**
STREET ADDRESS **104 Cheshire Lane**
CITY-ST-ZIP **McMurray, PA 15317**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **ROBINSON, REBECCA**
STREET ADDRESS **4801 N 20th St.**
CITY-ST-ZIP **Arlington, VA**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **C** ☐ Delete
NAME **WILCOX, DONNA**
STREET ADDRESS **4953 Crescent St.**
CITY-ST-ZIP **Bethesda, MD 20816**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA WILCOX Donna Wilcox
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.28.08

240-482-1980

Date

Daytime Phone #