

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000000142

FILED
Jan 23, 2009
Secretary of State

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

Current Principal Place of Business:

1156 - 15TH STREET NW, STE. 700
WASHINGTON, DC 20005

New Principal Place of Business:

Current Mailing Address:

1156 - 15TH STREET NW, STE. 700
WASHINGTON, DC 20005

New Mailing Address:

FEI Number: 52-1100361

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KEENAN, NANCY
Address: 1156 15TH ST, NW STE 700
City-St-Zip: WASHINGTON, DC 20005

Title: C () Delete
Name: EISENBERG, JOANN
Address: 1156 15TH ST NW, STE 700
City-St-Zip: WASHINGTON, DC 20005

Title: VC () Delete
Name: HAWKES GREENE, NONIE
Address: 11561 15TH ST NW STE 700
City-St-Zip: WASHINGTON, DC 20005

Title: S () Delete
Name: FIKES, AMY
Address: 1156 15TH ST NW, STE 700
City-St-Zip: WASHINGTON, DC 20005

Title: COO () Delete
Name: RAY, JEN
Address: 1156 15TH ST NW STE 700
City-St-Zip: WASHINGTON, DC 20005

Title: CFO () Delete
Name: BOTTS, JOHN
Address: 1156 15TH ST NW STE 700
City-St-Zip: WASHINGTON, DC 20005

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOHN BOTTS

CFO

01/23/2009

Electronic Signature of Signing Officer or Director

Date