

1.) CORPORATION NAME:

**FRIENDS OF THE DOMINICAN REPUBLIC**

DUE DATE: **7/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JOHN D EVANS  
4512 PARK RD  
ALEXANDRIA, VA 22312**

SCC ID NO: **05067053**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**FAIRFAX COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4512 PARK RD

CITY/ST/ZIP: ALEXANDRIA, VA 22312

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	KATHRYN HANOWELL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	3850 GILMORE RD		
CITY/ST/ZIP/CO:	EVERSON, WA 98247		
NAME:	JOHN D EVANS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	4512 PARK RD		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22312		
NAME:	JANICE JORGENSEN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	MEMBERSHIP		
ADDRESS:	150 RIVER DRIVE		
CITY/ST/ZIP/CO:	HADLEY, MA 01035		
NAME:	CHRISTOPHER DIETRICH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	1 University Station, B7000		
CITY/ST/ZIP/CO:	AUSTIN, TX 78712		
NAME:	KIM HERMAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	4545 119 Ave SE		
CITY/ST/ZIP/CO:	BELLEVUE, WA 98006		
NAME:	JAMES SHREFLER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1219 W DIXON ST		
CITY/ST/ZIP/CO:	DURANT, OK 74701		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROGER WEISS DIRECTOR 1137 N CASCADE CT LYNDEN, WA 98264	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NEIL ROSS DIRECTOR 138 WHITE HORN DR KINGSTON, RI 02881	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LAWRENCE DEUTSCH DIRECTOR 512 FAIR VIEW RD PENN VALLEY, PA 19072	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GUY BAEHR DIRECTOR LUPERON DOMINICAN REPUBLIC, , DO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ERIN BURKE DIRECTOR 8101 Meadowbrook Rd YAKIMA, WA 98903	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVE JOHNSON DIRECTOR 1320 NW 25th Terrace GAINESVILLE, FL 32605	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RANDY ADAMS DIRECTOR 11231 HANDLEBAR RD RESTON, VA 20191	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LAUREN RAMSEY DIRECTOR 13700 Sims Road HUNTERSVILLE, NC 28078	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LEEANN WOLFE DIRECTOR 1867 Quail Drive SHAKOPEE, MN 55379	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN EPLER DIRECTOR 2615 Mt St Helens Pl S SEATTLE, WA 98144	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ JOHN D EVANS	JOHN D EVANS, TREASURER	7/14/2012	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			