

1.) CORPORATION NAME:

**Prince William & Manassas Family Alliance**

DUE DATE: **8/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ROBERT G ALLEN  
FOREST POINT CENTER  
9300 FOREST POINT CIR**

SCC ID NO: **05455886**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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**MANASSAS, VA 20110**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**MANASSAS CITY (FILED IN PRINCE WILLIAM COUNTY)**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 4047

CITY/ST/ZIP: WOODBRIDGE, VA 22194

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:	DENNY DAUGHTERTY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	7800 WOODBRIDGE DRIVE		
CITY/ST/ZIP/CO:	GAINESVILLE, VA 20155		
NAME:	RUTH DALE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SEC/TREAS/DIR		
ADDRESS:	15528 EXMORE CT		
CITY/ST/ZIP/CO:	WOODBIDGE, VA 22191		
NAME:	ROBERT G ALLEN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	ACTNG CHMN/D		
ADDRESS:	9300 FOREST POINT CIRCLE		
CITY/ST/ZIP/CO:	MANASSAS, VA 20110		
NAME:	BARBARA DODGE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8089 MARY JANE DRIVE		
CITY/ST/ZIP/CO:	MANASSAS, VA 20112		
NAME:	JACK SLIMP	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8715 JACKSON AVE		
CITY/ST/ZIP/CO:	MANASSAS, VA 20110		
NAME:	Richard Bookwalter	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	9206 Park Avenue		
CITY/ST/ZIP/CO:	Manassas, VA 20110		

NAME: David Core TITLE: DIRECTOR ADDRESS: 8859 Old Lewis Court CITY/ST/ZIP/CO: Manassas, VA 20110	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: William Pfister TITLE: DIRECTOR ADDRESS: 9443 Taney Road CITY/ST/ZIP/CO: Manassas, VA 20110	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: Richard Salmon TITLE: DIRECTOR ADDRESS: 13996 Hollow Trunk Court CITY/ST/ZIP/CO: Gainesville, VA 20155	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: Jose Cossio TITLE: DIRECTOR ADDRESS: 14792 Links Pond Creek CITY/ST/ZIP/CO: Gainesville, VA 20155	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
<b>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.</b>	
/s/ ROBERT G ALLEN _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ROBERT G ALLEN, ACTNG CHMN/D _____ PRINTED NAME AND CORPORATE TITLE
8/27/2012 _____ 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.	