

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214541455

1.) CORPORATION NAME:

Prince William & Manassas Family Alliance

DUE DATE: **8/31/2014**

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

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:	WOODBRIDGE, VA 22191		

NAME:	ROBERT G ALLEN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	ACTNG CHMN/D		
ADDRESS:	5670 DAVIS FORD ROAD		
CITY/ST/ZIP/CO:	MANASSAS, VA 20112		

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	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8859 OLD LEWIS COURT		
CITY/ST/ZIP/CO:	MANASSAS, VA 20110		

NAME:	JOSE COSSIO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	14792 LINKS POND CREEK		
CITY/ST/ZIP/CO:	GAINESVILLE, VA 20155		

NAME: BARBARA DODGE TITLE: DIRECTOR ADDRESS: 8089 MARY JANE DRIVE CITY/ST/ZIP/CO: MANASSAS, VA 20112	<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: JACK SLIMP TITLE: DIRECTOR ADDRESS: 8715 JACKSON AVE CITY/ST/ZIP/CO: MANASSAS, VA 20110	<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/ ROBERT G ALLEN _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ROBERT G ALLEN, ACTNG CHMN/D _____ PRINTED NAME AND CORPORATE TITLE
8/29/2014 _____ 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.	