

SCC eFile  
(6/10)

2011 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

211519418

1.) CORPORATION NAME:

**Parent Leadership Training Institute of Alexandria,  
incorporated**

DUE DATE: **8/31/2011**

SCC ID NO: **06629810**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY  
CHRISTOPHER M. MARSTON  
110 SHOOTERS CT  
ALEXANDRIA, VA 22314**

5.) STOCK INFORMATION

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

**ALEXANDRIA CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 26294

CITY/ST/ZIP: ALEXANDRIA, VA 22313-

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: JOYCE WOODSON  
TITLE: CHAIR  
ADDRESS: 1407 WAYNE ST  
CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314-

OFFICER

DIRECTOR

NAME: ADAM EBBIN  
TITLE: DIRECTOR  
ADDRESS: 181 REED AVENUE  
CITY/ST/ZIP/CO: ALEXANDRIA, VA 22305-

OFFICER

DIRECTOR

NAME: FAY D SLOTNICK  
TITLE: DIRECTOR  
ADDRESS: 311 SECOND ST  
CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314-

OFFICER

DIRECTOR

NAME: CHRISTOPHER MARSTON  
TITLE: SECRETARY  
ADDRESS: 110 SHOOTERS COURT  
CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314-

OFFICER

DIRECTOR

NAME: JOHN EISENHOUR  
TITLE: TREASURER  
ADDRESS: 630 S PITT ST  
CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314-

OFFICER

DIRECTOR

NAME:	MARILYN BRYANT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	606 N JORDAN ST APT 401		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22304-		
NAME:	ADRIENNE FIKES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	803 N HOWARD ST UNIT 460		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22304-		
NAME:	SHERYL GORSUCH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	408A E RAYMOND AVE		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22301-		
NAME:	STACEY GRIGSBY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6524 BROOKLEIGH WAY		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22315-		
NAME:	LYNN HUMPHRIES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3132 WELLINGTON RD		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22302-		
NAME:	ROBERT LANIER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6014 EDSALL RD APT 201		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22304-		
NAME:	PATRICE LINEHAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	401 E MONCURE AVE		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22301-		
NAME:	TOM RAYCROFT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	132 MONCURE DR		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22314-		
NAME:	DORIS STANLEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	501 SLATERS LN APT 401		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22314-		

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.

<u>/s/ CHRISTOPHER MARSTON</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>CHRISTOPHER MARSTON, SECRETARY</u> PRINTED NAME AND CORPORATE TITLE	<u>8/27/2011</u> DATE
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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.