

1.) CORPORATION NAME:

Brookville-Seminary Valley Civic Association, Incorporated

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**GEOFFREY M GOODALE
493 NAYLOR PL
ALEXANDRIA, VA 22304**

SCC ID NO: **06639587**

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: 506 North Pickett Street

CITY/ST/ZIP: ALEXANDRIA, VA 22304

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: Adam Firestone TITLE: President ADDRESS: 506 North Pickett Street CITY/ST/ZIP/CO: ALEXANDRIA, VA 22304	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Joseph Murray TITLE: DIR/2ND VP ADDRESS: 1024 N. PELHAM STREET CITY/ST/ZIP/CO: ALEXANDRIA, VA 22304	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JUDY COOPER TITLE: DIR/SEC ADDRESS: 1007 NORTH VAN DORN STREET CITY/ST/ZIP/CO: ALEXANDRIA, VA 22304	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MARIANNE HETZER TITLE: DIR/MEM. SEC. ADDRESS: 604 N. MANSFIELD ST. CITY/ST/ZIP/CO: ALEXANDRIA, VA 22304	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KEITH KRUSE TITLE: DIR/TREASURER ADDRESS: 309 N. LANGLEY ST. CITY/ST/ZIP/CO: ALEXANDRIA, VA 22304	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Jordan Ortiz TITLE: DIR/PARLIAMENT. ADDRESS: 5388 Taney Avenue CITY/ST/ZIP/CO: ALEXANDRIA, VA 22304	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: James Collins TITLE: DIRECTOR ADDRESS: 510 North Owen Street CITY/ST/ZIP/CO: ALEXANDRIA, VA 22304	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Elizabeth Richardson TITLE: DIRECTOR ADDRESS: 327 North Pickett Street CITY/ST/ZIP/CO: ALEXANDRIA, VA 22304	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Bette Jo Sullivan TITLE: DIRECTOR ADDRESS: 1022 N. PELHAM STREET CITY/ST/ZIP/CO: ALEXANDRIA, VA 22304	<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/ Adam Firestone	Adam Firestone, President	8/30/2012
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.		