

SCC eFile

**2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

213506824

1.) CORPORATION NAME:

Turning Point Suffragist Memorial Association

DUE DATE: **3/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**MARY GRACE A O'MALLEY
MARY GRACE A O'MALLEY PLLC
9236B MOSBY ST**

SCC ID NO: **07344534**

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: 184 WASHINGTON ST.
#502

CITY/ST/ZIP: OCCOQUAN, VA 22125

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:	EMILY MCCOY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	PO Box 8390		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22306		

NAME:	EARNEST PORTA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	PO BOX 502		
CITY/ST/ZIP/CO:	OCCOQUAN, VA 22125		

NAME:	JANE BARKER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	7606 TIFFANY COURT		
CITY/ST/ZIP/CO:	CLIFTON, VA 20124		

NAME:	JEAN ANN BOLLING	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	7995 STRAWHORN DRIVE		
CITY/ST/ZIP/CO:	MECHANICSVILLE, VA 23116		

NAME:	BETTY DEAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	456 OVERLOOK DRIVE		
CITY/ST/ZIP/CO:	OCCOQUAN, VA 22125		

NAME:	JOHN HOUSER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 794		
CITY/ST/ZIP/CO:	LORTON, VA 22199		

NAME: KATHLEEN PABLO TITLE: DIRECTOR ADDRESS: 8739 CUTTERMILL PLACE CITY/ST/ZIP/CO: SPRINGFIELD, VA 22153	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LOIS PAGE TITLE: DIRECTOR ADDRESS: 7902 BRACKSFORD CT. CITY/ST/ZIP/CO: FAIRFAX STATION, VA 22039	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: NANCY SARGEANT TITLE: DIRECTOR ADDRESS: 8803 CROSS CHASE CIRCLE CITY/ST/ZIP/CO: FAIRFAX STATION, VA 22039	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SU WEBB TITLE: DIRECTOR ADDRESS: PO BOX 345 CITY/ST/ZIP/CO: HAMILTON, VA 20159	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Libby Kavoulakis TITLE: PRESIDENT ADDRESS: 4300 Reno Road, NW CITY/ST/ZIP/CO: Washington, DC 20008	<input checked="" 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/ EARNEST PORTA SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	EARNEST PORTA, TREASURER PRINTED NAME AND CORPORATE TITLE	2/10/2013 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.		