

**2021 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

Commonwealth of Virginia
State Corporation Commission
Office of the Clerk
Entity ID: 07880495
Filing Number: 2102222944850
Filing Date/Time: 02/22/2021 12:22 PM
Effective Date/Time: 02/22/2021 12:22 PM



1. CORPORATION NAME:

IFDA RICHMOND

DUE DATE: **02/28/21**

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ATTY.

R CARTER SCOTT III
1802 BAYBERRY COURT STE 401
RICHMOND, VA 23226-3773

SCC ID NO.: **0788049-5**

5. TOTAL NUMBER OF AUTHORIZED SHARES:

3. CITY OR COUNTY OF VA REGISTERED OFFICE:

087-HENRICO COUNTY

4. STATE OR COUNTRY OF INCORPORATION:

VA-Virginia

DO NOT ATTEMPT TO ALTER THE INFORMATION ABOVE. Carefully read the enclosed instructions. Type or print in black only.

6. PRINCIPAL OFFICE ADDRESS:

<input type="checkbox"/> Mark this box if address shown below is correct	If the block to the left is blank or contains incorrect data please add or correct the address below.
ADDRESS: 3104 W Leigh St	ADDRESS: <i>302 N. Shields Ave.</i>
CITY/ST/ZIP Richmond, VA 23230-4408	CITY/ST/ZIP <i>Richmond, VA 23220</i>

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.

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Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input checked="" type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Replacement
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: Paul Lamborn TITLE: President ADDRESS: 3104 West Leigh st CITY/ST/ZIP: Richmond, VA 23230-0000	OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: <i>Stephanie Theofanos</i> TITLE: <i>President</i> ADDRESS: <i>302 N. Shields Ave.</i> CITY/ST/ZIP: <i>Richmond, VA 23220</i>

I affirm that the information contained in this report is accurate and complete as of the date below.

Stephanie Theofanos
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT

STEPHANIE THEOFANOS
PRINTED NAME AND CORPORATE TITLE

2/17/2021
DATE

2021 ANNUAL REPORT CONTINUED

CORPORATION NAME:
IFDA RICHMOND

DUE DATE: 02/28/21
SCC ID NO.: 0788049-5

7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)

All directors and principal officers must be listed.
An individual may be designated as both a director and an officer.

<p>Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p> <p style="text-align: center;">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: Sandra Hall TITLE: Secretary ADDRESS: 9608 Cragmont Dr. CITY/ST/ZIP: HENRICO, VA 23229-0000</p>	<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p> <p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>
<p>Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input checked="" type="checkbox"/> Delete information</p> <p style="text-align: center;">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: Guy Dazzilli TITLE: Chapter Advisor ADDRESS: 2836 E. Parham Road CITY/ST/ZIP:</p>	<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Replacement</p> <p style="text-align: center;">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: <i>Georgia Kuboski</i> TITLE: <i>Treasurer</i> ADDRESS: <i>10520 Lakeridge Pkwy.</i> CITY/ST/ZIP: <i>Ashland, VA. 23006</i></p>
<p>Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p> <p style="text-align: center;">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: Catherine Connon TITLE: Educational FDN ADDRESS: 7435 Riverside Dr. CITY/ST/ZIP: RICHMOND, VA 23225-0000</p>	<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p> <p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>
<p>Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p> <p style="text-align: center;">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: <i>Adrienne Fabling</i> TITLE: <i>Vice President</i> ADDRESS: <i>3823 Gaspins Road 23233</i> CITY/ST/ZIP: <i>Richmond, VA 23233</i></p>	<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input checked="" type="checkbox"/> Addition <input type="checkbox"/> Replacement</p> <p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>

