

2022 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

Commonwealth of Virginia
State Corporation Commission
Office of the Clerk
Entity ID: 08003493
Filing Number: 2202244236830
Filing Date/Time: 02/24/2022 03:13 PM
Effective Date/Time: 02/24/2022 03:13 PM



1. CORPORATION NAME:
Advocates in Parenting, Incorporated

DUE DATE: 01/31/22

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: OFFCR
DEBBIE BLACKBURN
1617 MONUMENT AVENUE
SUITE 202
RICHMOND, VA 23220-0000

SCC ID NO.: 0800349-3

5. TOTAL NUMBER OF AUTHORIZED
SHARES:

3. CITY OR COUNTY OF VA REGISTERED OFFICE:
760-RICHMOND CITY

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 checked="" 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: 1617 MONUMENT AVE SUITE 202	ADDRESS:
CITY/ST/ZIP RICHMOND, VA 23220-0000	CITY/ST/ZIP

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.

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	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
OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: ANNE HAYES	NAME:
TITLE: TREASURER/DIR	TITLE:
ADDRESS: 9712 DEBORAH RIDGE PLACE	ADDRESS:
CITY/ST/ZIP: RICHMOND, VA 23238-0000	CITY/ST/ZIP:

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

Debbie Blackburn
SIGNATURE OF DIRECTOR/OFFICER
LISTED IN THIS REPORT

Debbie Blackburn VP/Director 2/21/2022
PRINTED NAME AND CORPORATE TITLE DATE

It is a Class 1 misdemeanor for any person to sign a document that is false in any material respect with intent that the document be delivered to the Commission for filing.

2022 ANNUAL REPORT CONTINUED

CORPORATION NAME:
Advocates in Parenting, Incorporated

DUE DATE: 01/31/22
SCC ID NO.: 0800349-3

7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)

All directors and principal officers must be listed.
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<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>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 checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: JENNINE LOWE MORITZ TITLE: DIR/SECRETARY ADDRESS: 1617 MONUMENT AVE SUITE 202 CITY/ST/ZIP: RICHMOND, VA 23220-0000</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 checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</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 checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: SHARON BRENNER TITLE: DIR/PRESIDENT ADDRESS: 1617 MONUMENT AVENUE SUITE 202 CITY/ST/ZIP: RICHMOND, VA 23220-0000</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 checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</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 checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: DEBORAH WEBB BLACKBURN TITLE: VP/DIRECTOR ADDRESS: 1617 MONUMENT AVE SUITE 202 CITY/ST/ZIP: RICHMOND, VA 23220-0000</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 checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</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 checked="" type="checkbox"/></p> <p>NAME: CHERYL GROCE-WRIGHT TITLE: ADDRESS: NEIGHBORHOOD RESOURCE CENTER OF GREATER FULTO CITY/ST/ZIP: RICHMOND, VA 23231-0000</p>	<p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>

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