

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000003997

FILED
Jan 06, 2012
Secretary of State

Entity Name: HEALTH FIRST - AMERICA'S CHARITIES, INC.

Current Principal Place of Business:

14150 NEWBROOK DRIVE SUITE 110
CHANTILLY, VA 20151

New Principal Place of Business:

Current Mailing Address:

14150 NEWBROOK DRIVE SUITE 110
CHANTILLY, VA 20151

New Mailing Address:

FEI Number: 30-0186796

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PCEO
Name: STEVE, DELFIN
Address: 14150 NEWBROOK DRIVE SUITE 110
City-St-Zip: CHANTILLY, VA 20151

Title: VC
Name: FRANKLIN, DOUGLAS G
Address: 14150 NEWBROOK DRIVE SUITE 110
City-St-Zip: CHANTILLY, VA 20151

Title: T
Name: SOLANO, RICK
Address: 14150 NEWBROOK DRIVE SUITE 110
City-St-Zip: CHANTILLY, VA 20151

Title: S
Name: SOLANO, RICK
Address: 14150 NEWBROOK DRIVE SUITE 110
City-St-Zip: CHANTILLY, VA 20151

Title: C
Name: COBURN, MICHAEL
Address: 14150 NEWBROOK DRIVE SUITE 110
City-St-Zip: CHANTILLY, VA 20151

Title: D
Name: LEVERING, CAROL
Address: 14150 NEWBROOK DRIVE SUITE 110
City-St-Zip: CHANTILLY, VA 20151

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STEVE DELFIN

PCEO

01/06/2012

Electronic Signature of Signing Officer or Director

Date