

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P32740 (3)
1. Corporation Name
AMERICA'S CHARITIES, INC.



Principal Place of Business: **12701 FAIR LAKES CIRCLE S370 FAIRFAX VA 22033**
Mailing Address: **12701 FAIR LAKES CIRCLE S370 FAIRFAX VA 22033**

3. Date Incorporated or Qualified: **02/07/1991**
3a. Date of Last Report: **08/07/1995**
4. FEI Number: **54-1517707**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**
Suite, Apt. #, etc.: **27**
City & State: **28**
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent: **CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324**
10. Name and Address of New Registered Agent: **81 Name: Chair/Trustee Bill Halamandaris 82 Street Address (P.O. Box Number is Not Acceptable): 519 C Street, N.E. Washington, DC 20002-5809 83 84 City: FL 85 Zip Code**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	BEREZ, KEN	
STREET ADDRESS	2100 M STREET NW	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	VC/Trustee	<input type="checkbox"/> DELETE
NAME	ROXBOROUGH, MILDRED	
STREET ADDRESS	260 5TH AVE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D/Trustee	<input type="checkbox"/> DELETE
NAME	SODO, DON	
STREET ADDRESS	12701 FAIR LAKES CIRCLE	
CITY-ST-ZIP	FAIRFAX VA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Chair/Trustee	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Bill Halamandaris	
1.3 STREET ADDRESS	519 C Street, N.E.	
1.4 CITY-ST-ZIP	Washington, DC 20002-5809	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	000001889790	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	-07/10/96--01073--007	
6.3 STREET ADDRESS	***61.25	
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment, with an address.

SIGNATURE: *[Signature]* DATE: **May 13, 1994** DAYTIME PHONE #: **(703) 222-3861**

CR2E037 (12/95)