FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

· · · · · · · · · · · · · · · · · · ·	1997	DIVISION OF CO	DRPORATIONS	Secret	ary of State
DOCU	IMENT # P32740 (3)			
AMERICA'S CHARITIES, INC.					
		100,			
Principal Plac	ce of Business	Mailing Address			
1270	1 Fair Lakes Circle	12701 Fair La	akes Circle		
	e 370	Suite 370	ands offere		
Fairfax, VA 22033 Fairfax, VA			22033	 Date Incorporated or Qualified 2/7/91 	3a. Date of Last Report
l 		2a. Mailing Address		4. FEI Number	Applied For
		26		54-1517707	Not Applicable
		Suite, Apt. #, etc.		5. Certificate of Status Desired	
City & Sta	ale	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28	Country	Trust Fund Contribution	Added to Fees
24	25	├ ──	0	8. This corporation has liability for in Florida Statutes	tangible tax under s. 199.032,
	9. Name and Address of Current	<u> </u>		10. Name and Address of New Reg	stered Agent
CT Corporation System 81 Name					
	S. Pine Island Road		82 Street A	ddress (P.O. Box Number is Not Acceptabl	e)
Plantation, FL 33324					
	·				
			84 City		FL 85 Zip Code
✓ 11. Pursuant	t to the provisions of Sections 617.0502	and 617,1508, Florida Statutes	the above-named c	orgonation submits this statement for the nu	rpose of changing its registered
* 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	•				
	Signature, typed or printed name of registered agent		Registered Agent signature re	·	DATE
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
NAME	Chair	L. DECCIE	1.1 TITLE 1.2 NAME		L] Change L Addition
STREET ADDRESS	Dill Halamandanda o	he Carine Instit	1.2 NAME		
CITY-ST-ZIP	320 A St., NE Washi				
TITLE	Vice Chair	DELETE	2.1 TITLE	*****	Change Addition
NAME	Wildred Roxborough.	NAACP Sp. Cont.	F334AMIE		
STREET ADDRESS 39 Broadway, 22nd Floor, #2201			2 3 STREET ADDRESS		
CITY-ST-ZIP	New York, NY 10001		2 4 CITY-ST-ZIP		
TITLE	Secretary	☐ DELETÉ	3.1 TITLE		☐ Change ☐ Addition
NAME	Steve Delfin		3 2 NAME: "₹		
STREET ADDRESS	228 7th St SE		3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	Washington, DC 2000	DELETE	3.4 CITY - ST - ZIP 4.1 TITLE		Change Addition
NAME			4. 2 NAME		E onlinge E noonline
STREET ADDRESS	1		4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		1 ,
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			52 NAME		11 1/1/1
STREET ADDRESS			5 3 STREET ADDRESS		M (O) 18 (O) 1
CITY-\$T-ZIP		Deleve	5 4 CITY - S1 - ZIP		
TITLE		DELETE	61 TITLE	70000021	☐ Change ☐ Addition
NAME STREET ADDRESS			6 2 NAME	70000221 -06/18/970106	7035
CITY-ST-ZIP			6.3 STREET ADDRESS 6.4 City - St - 7/P	***61.25	
U11-31-21P	1		■ 6.4 CHY+SI+7/P I	the second of the second	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

Don Sodo, Executive Director

6/13/97

(703) 222-3861

FILED

Jun 18 1997 8:00am



Board of Directors and Term Expiration

Bill Halamandaris (98)

- Chair

President

The Caring Institute

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202/547-4510 fax

Mildred Roxborough (97) - Vice Chair

Director for Development

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- Secretary

Managing Director, Public Relations & Marketing

National Association for Homecare

Independent Member

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Vacant Position

- Treasurer

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Peter Wilderotter (97)

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