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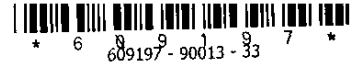
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P32740

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
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2. Principal Place of Business 21 14150 Newbrook Drive Suite, Apt. #, etc. 22 Suite 110 City & State 23 Chantilly, VA Zip 24 20151	2a. Mailing Address 26 14150 Newbrook Drive Suite, Apt. #, etc. 27 Suite 110 City & State 28 Chantilly, VA Zip 29 20151	3. Date Incorporated or Qualified 02/07/1991	4. FEI Number 54-1517707	Applied For Not Applicable
Country 25 US	Country 30 US	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		

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
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HALAMANDARIS, BILL THE CARING INSTITUTE, 320 A ST., NE WASHINGTON DC 20002-5809	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 201 Massachusetts Avenue, NE, Ste. C5 Washington, DC 20002
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC HELLINGER, DIANA 2425 18TH STREET WASHINGTON DC 20009	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3179 18th Street, NW Washington, DC 20010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DELFIN, STEVE 228 7TH ST SE WASHINGTON DC 20003	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10721 Rippon Lodge Drive Fairfax, VA 22032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILDEROTTER, PETER 26 BLEEKER STREET NEW YORK NY 10012	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 26 Bleeker Street
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED SODO, DON 12701 FAIR LAKES CIRCLE, 3307 FAIRFAX VA 22033	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition President/CEO 14150 Newbrook Drive, Suite 110 Chantilly, VA 20151
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AEDC JOHNSON, LES 12701 FAIR LAKES CIRCLE, #307 FAIRFAX VA 22033	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Controller 14150 Newbrook Drive, Suite 110 Chantilly, VA 20151

14. I 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, will all other like empowered.

SIGNATURE: _____ Date: 8/19/99 (703) 222-3861
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

000101

CR2E037 (11/98)



Board of Directors and Term Expiration

P32740
609197-90013-33

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President
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Steve Delfin (2000) Secretary
President
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