


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90209 016 ****70.00

DOCUMENT # P32740

1. Entity Name
AMERICA'S CHARITIES, INC.



Principal Place of Business
**14150 NEWBROOK DRIVE
 SUITE 110
 CHANTILLY, VA 20151 US**

Mailing Address
**14150 NEWBROOK DRIVE
 SUITE 110
 CHANTILLY, VA 20151 US**

94073435



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04142004 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
54-1517707

Applied For
 Not Applicable

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> Delete
NAME	WILDEROTTER, PETER	
STREET ADDRESS	ONE CENTER ST	
CITY-ST-ZIP	NEW YORK, NY 10007	
TITLE	VC	<input type="checkbox"/> Delete
NAME	PINTSTON, VICKI	
STREET ADDRESS	1101 15TH ST, STE 900	
CITY-ST-ZIP	WASHINGTON, DC 200050000	
TITLE	S	<input type="checkbox"/> Delete
NAME	FEINERMAN, LEON	
STREET ADDRESS	4550 LENA DRIVE	
CITY-ST-ZIP	MECHANICSBURG, PA 17055	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HALE, MICHAEL	
STREET ADDRESS	PO BOX 4000	
CITY-ST-ZIP	CLINTON, MD 20746	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	SODO, DON	
STREET ADDRESS	14150 NEWBROOK DRIVE, SUITE 110	
CITY-ST-ZIP	CHANTILLY, VA 20151	
TITLE	VCEO	<input type="checkbox"/> Delete
NAME	SWOPE, ARNOLD	
STREET ADDRESS	14150 NEWBROOK DR, STE 110	
CITY-ST-ZIP	CHANTILLY, VA 20151	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

*Marcia L. Bullard, Pres CEO
 USA Weekend - 7950 Jones Branch Dr
 McLean, VA 22107*

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Don Sodo **4/27/04** **800 458-9505**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #