

**2015 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000003997

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

**FILED**  
**May 01, 2015**  
**Secretary of State**  
**CC4938074813**

**Current Principal Place of Business:**

14150 NEWBROOK DRIVE SUITE 110  
CHANTILLY, VA 20151

**Current Mailing Address:**

14150 NEWBROOK DRIVE SUITE 110  
CHANTILLY, VA 20151

**FEI Number: 30-0186796**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

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

*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

**Officer/Director Detail :**

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

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

Title D  
Name CAMPBELL, JEAN  
Address 14150 NEWBROOK DRIVE SUITE 110  
City-State-Zip: CHANTILLY VA 20151

Title SECRETARY, TREASURER  
Name GLENN, JOHN  
Address 351 21ST STREET #3F  
#3F  
City-State-Zip: BROOKLYN NY 11215

*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**

**CEO**

**05/01/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date