

**2021 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P32740

**Entity Name:** AMERICA'S CHARITIES, INC.

**Current Principal Place of Business:**

14150 NEWBROOK DRIVE  
SUITE 110  
CHANTILLY, VA 20151

**Current Mailing Address:**

14150 NEWBROOK DRIVE  
SUITE 110  
CHANTILLY, VA 20151 US

**FEI Number:** 54-1517707

**Certificate of Status Desired:** No

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

COGENCY GLOBAL INC.  
115 NORTH CALHOUN STREET, SUITE 4  
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 DIRECTOR  
Name LOFKIN WRIGHT, HEATHER  
Address 101 SEAPORT BLVD  
City-State-Zip: BOSTON MA 02210

Title PRESIDENT & CEO  
Name STARR, JIM  
Address 14150 NEWBROOK DRIVE  
SUITE 110  
City-State-Zip: CHANTILLY VA 20151

Title DIRECTOR, SECRETARY  
Name JOHNSON, MARC  
Address 360 PARK AVENUE SOUTH  
11TH FLOOR  
City-State-Zip: NEW YORK NY 10010

Title DIRECTOR  
Name LEIGHTON, MARLY  
Address 361 NEWARK AVE  
#309  
City-State-Zip: JERSEY CITY NJ 07302

Title DIRECTOR  
Name LEVANTE, GARY  
Address 14150 NEWBROOK DRIVE  
SUITE 110  
City-State-Zip: CHANTILLY VA 20151

Title CONTROLLER  
Name SURAGIAT, SOOK  
Address 14150 NEWBROOK DRIVE  
SUITE 110  
City-State-Zip: CHANTILLY VA 20151

Title DIRECTOR  
Name SCHENKELBERG, SCOTT  
Address 14150 NEWBROOK DRIVE  
SUITE 110  
City-State-Zip: CHANTILLY VA 20151

Title DIRECTOR  
Name TROSSEN, MEGHAN  
Address 1961 CHAIN BRIDGE ROAD  
SUITE C205B  
City-State-Zip: TYSONS VA 22102

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*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:** JIM STARR

**CEO & PRESIDENT**

**04/23/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name MCDONALD, LARRY  
Address 8521 LEESBURG PIKE #500  
SUITE 110  
City-State-Zip: VIENNA VA 22182

Title DIRECTOR  
Name DE ARMOND, LAURIE  
Address 8401 GREENSBORO DRIVE  
SUITE 800  
City-State-Zip: MCLEAN VA 22102

Title DIRECTOR  
Name WAUGH, SHANI  
Address 9504 ASH HOLLOW PLACE  
City-State-Zip: MONTGOMERY VILLAGE MD 20086

Title DIRECTOR  
Name FUNN, TRACYE  
Address 1000 MAINE AVE., SW  
City-State-Zip: WASHINGTON DC 20024

Title DIRECTOR  
Name HALL, WENDELL  
Address 2309 BENDING SPRING DRIVE  
City-State-Zip: PEARLAND TX 77584