2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16888

FILED Mar 08, 2008 Secretary of State

Entity Name: CHILD SPONSORSHIP PROGRAM, INC.

Current Principal Place of Business: New Principal Place of Business: 1511 GLASTON BERRY RD 1760 CHOCTAW TRAIL MAITLAND, FL 32751 MAITLAND, FL 32751 LIS **Current Mailing Address: New Mailing Address:** P. O. BOX 300108 P. O. BOX 17851 FERN PARK, FL 32730 US RICHMOND, VA 23226 US FEI Number: 59-2714867 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SCOTT, CHARLES F ALTIZER, RAYMOND 1511 GLASTON BERRY RD 1760 CHOCTAW TRAIL MAITLAND, FL 32751 MAITLAND, FL 32751 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: RAYMOND ALTIZER 03/08/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete ALTIZER, RAYMOND Name: Name: 1760 CHOCTAW TRAIL Address: Address: MAITLAND, FL 32751 City-St-Zip: City-St-Zip: Title: () Delete Title: (X) Change () Addition PICARD, JEAN-CLAUDE Name: COLLINS, ROBERT A Name: Address: 8630 VALLEY RIDGE CT. Address: 9401 WISHART RD City-St-Zip: ORLANDO, FL 32818 City-St-Zip: RICHMOND, VA 23229 Title: () Delete Title: (X) Change () Addition SCOTT, MARY Name: COLLINS, MARY K Name: 1511 GLASTONBERRTY RD 9401 WISHART RD. Address: Address: City-St-Zip: MAITLAND, FL City-St-Zip: RICHMONS, VA 23229 Title: () Delete Title: (X) Change () Addition Name: SCOTT, CHARLES F Name: SCOTT, CHARLES F 1841 SOUTH CREEK DRIVE Address: 1511 GLASTONBERRTY RD. Address: City-St-Zip: MAITLAND, FL 32751 City-St-Zip: AUSTELL, GA 30106 Title: () Delete Title: (X) Change () Addition COLLINS, MARY KAY SCOTT, MARY Name: Name: 341 N. ORLANDO AVE 1841 SOUTH CREEK DRIVE Address: Address: City-St-Zip: MAITLAND, FL 32751 City-St-Zip: AUSTELL, GA 30106 Title: () Delete Title: () Change () Addition NEWHAM, BOB Name: Name: Address: 2 CARRIAGE HILLS Address: CASSELBERRY, FL City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RAYMOND ALTIZER D 03/08/2008