2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2009
Secretary of State

DOCUMENT# N16888

Entity Name: CHILD SPONSORSHIP PROGRAM, INC.

Current Principal Place of Business:

1760 CHOCTAW TRAIL
MAITLAND, FL 32751 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 17851
RICHMOND, VA 23226 US

New Mailing Address:

FEI Number: 59-2714867 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALTIZER, RAYMOND
1760 CHOCTAW TRAIL
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	ALTIZER, RAYMOND	
Address:	1760 CHOCTAW TRAIL	
City-St-Zip:	MAITLAND, FL 32751	
Title:	D	( ) Delete
Name:	COLLINS, ROBERT A	
Address:	9401 WISHART RD.	
City-St-Zip:	RICHMOND, VA 23229	
Title:	D	( ) Delete
Name:	COLLINS, MARY K	
Address:	9401 WISHART RD.	
City-St-Zip:	RICHMONS, VA 23229	
Title:	D	( ) Delete
Name:	SCOTT, CHARLES F	
Address:	1841 SOUTH CREEK DRIVE	
City-St-Zip:	AUSTELL, GA 30106	
Title:	D	( ) Delete
Name:	SCOTT, MARY	
Address:	1841 SOUTH CREEK DRIVE	
City-St-Zip:	AUSTELL, GA 30106	
Title:	D	( ) Delete
Name:	NEWHAM, BOB	
Address:	2 CARRIAGE HILLS	
City-St-Zip:	CASSELBERRY, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
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: ROBERT COLLINS D 01/22/2009

Electronic Signature of Signing Officer or Director — Date