

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16888

FILED
Jan 26, 2011
Secretary of State

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
Name: ALTIZER, RAYMOND
Address: 1760 CHOCTAW TRAIL
City-St-Zip: MAITLAND, FL 32751

Title: D
Name: COLLINS, ROBERT A
Address: 9401 WISHART RD.
City-St-Zip: RICHMOND, VA 23229

Title: D
Name: COLLINS, MARY K
Address: 9401 WISHART RD.
City-St-Zip: RICHMONS, VA 23229

Title: D
Name: SCOTT, CHARLES F
Address: 1841 SOUTH CREEK DRIVE
City-St-Zip: AUSTELL, GA 30106

Title: D
Name: SCOTT, MARY
Address: 1841 SOUTH CREEK DRIVE
City-St-Zip: AUSTELL, GA 30106

Title: D
Name: NEWHAM, BOB
Address: 2 CARRIAGE HILLS
City-St-Zip: CASSELBERRY, FL

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: RAYMOND ALTIZER

D

01/26/2011

Electronic Signature of Signing Officer or Director

Date