

1.) CORPORATION NAME:

CHRISTIAN SERVICE CHARITIES, INC.

DUE DATE: **4/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**THOMAS L YOUNGBLOOD
44330 PREMIER PLAZA
SUITE 220**

SCC ID NO: **F1290750**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

ASHBURN, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

LOUDOUN COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

CA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 44330 PREMIER PLAZA
STE 220

CITY/ST/ZIP: ASHBURN, VA 20147

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	IDA TYREE HYCHE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	P.O. BOX 170096		
CITY/ST/ZIP/CO:	BIRMINGHAM, AL 35217-0096		

NAME:	MATAMBIRA MAKANDA	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER/CFO		
ADDRESS:	44330 PREMIER PLAZA		
CITY/ST/ZIP/CO:	STE 220 ASHBURN, VA 20147		

NAME:	JEN PORTER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	P.O. BOX 9716		
CITY/ST/ZIP/CO:	FEDERAL WAY, WA 98063-9716		

NAME:	THOMAS L YOUNGBLOOD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	44330 PREMIER PLAZA		
CITY/ST/ZIP/CO:	SUITE 220 ASHBURN, VA 20147		

NAME:	DONNA BANCROFT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1 BILLY GRAHAM PARKWAY		
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28201		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROYCE BERVIG DIRECTOR 8605 EXPLORER DRIVE COLORADO SPRINGS, CO 80920	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ISAAC FONG DIRECTOR 6529 CHESTERFIELD AVE. MCLEAN, VA 22101	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TERRY GRAVE DIRECTOR 179 BELLE FOREST CIRCLE SUITE 20414 NASHVILLE, TN 37221	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRENDA MATLOCK DIRECTOR P.O. BOX 443 BARTLESVILLE, OK 74005	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID WARNER DIRECTOR 3784 S INCA STREET ENGLEWOOD, CA 80110	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	David Hermreck DIRECTOR 13912 Falconcrest Road Germantown, MD 20874	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Michael Casey Mattox DIRECTOR 801 G St., NW Suite 508 Washington, DC 20001	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Stanley Reiff DIRECTOR 1255 Lakes Parkway Suite 130 Lawrenceville, GA 30043	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	John Van Drunen DIRECTOR 440 W Jubal Early Drive Suite 100 Winchester, VA 22601	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ MATAMBIRA MAKANDA SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MATAMBIRA MAKANDA, TREASURER/CFO PRINTED NAME AND CORPORATE TITLE	2/25/2014 DATE
---	--	-------------------

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.