

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000002091

1. Entity Name
INTERNATIONAL SERVICE FELLOWSHIP (USA)
(INCORPORATED)



Principal Place of Business

7000 LUDLOW STREET
UPPER DARBY, PA 19082

Mailing Address

P.O. BOX 418
UPPER DARBY, PA 19082-0418



02022005 No Chg-NP

CR2E037 (10/03)

4. FEI Number

23-1644377

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GARY, JOHN H
5170 KESTRAL PARK TERRACE
SARASOTA, FL 34231-3235

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DYNNESS, GRACE DR
STREET ADDRESS 2097 NORTH MOLINO AVENUE
CITY-ST-ZIP ALTADENA, CA 91001

TITLE VD
NAME DRYSDALE, ROBERT DR.
STREET ADDRESS 6045 WAKEHURST ROAD
CITY-ST-ZIP CHARLOTTE, NC 28226

TITLE S
NAME PETERS, EVA
STREET ADDRESS 587 SUMMIT AVENUE
CITY-ST-ZIP PASADENA, CA 91103

TITLE TD
NAME KRISS, CHARLES
STREET ADDRESS 180 TRACY ROAD
CITY-ST-ZIP RAVENA, NY 12143

TITLE D
NAME BEACH, LARRY
STREET ADDRESS 3057 GROVE COURT
CITY-ST-ZIP SALINE, MI 48176

TITLE D
NAME BECKHAM, VIRGINIA
STREET ADDRESS 6000 TRIBUTARY RIDGE DRIVE
CITY-ST-ZIP AUSTIN, TX 78759

000000230290
02/15/05-80038-001 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donald Van Brunkhorst
EXEC. DIRECTOR

Date

Daytime Phone #

2/7/05 (610) 352-0581