


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F03000002091</b> 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	
<b>DO NOT WRITE IN THIS SPACE</b>		01052007 No Chg-NP      CR2E037 (4/06)	
4. FEI Number 23-1644377		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  GARY, JOHN H 5170 KESTRAL PARK TERRACE SARASOTA, FL 34231-3235		<b>DO NOT WRITE IN THIS SPACE</b>	
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 <u>N/A</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>		<u>N/A</u> <u>N/A</u> <small>(NOTE: Registered Agent signature required when translating)      DATE</small>	
<b>Filing Fee is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		U000000591930 01/19/07-80044-016 70.00	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD DYRNESS, GRACE DR 2097 NORTH MOLINO AVENUE ALTADENA, CA 91001		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD DRYSDALE, ROBERT DR. 6045 WAKEHURST ROAD CHARLOTTE, NC 28226		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S PETERS, EVA 587 SUMMIT AVENUE PASADENA, CA 91103		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD KRIS, CHARLES 180 TRACY ROAD RAVENA, NY 12143		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>DO NOT WRITE IN THIS SPACE</b>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Robert F. Dolan</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		ROBERT F. DOLAN 1/10/07 (610)352-0581 FINANCE DIRECTOR      Date      Daytime Phone #	