

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002091

FILED
Jan 15, 2009
Secretary of State

Entity Name: INTERNATIONAL SERVICE FELLOWSHIP (USA) (INCORPORATED)

Current Principal Place of Business:

7000 LUDLOW STREET
UPPER DARBY, PA 19082

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 418
UPPER DARBY, PA 190820418

New Mailing Address:

FEI Number: 23-1644377 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GARY, JOHN H
5170 KESTRAL PARK TERRACE
SARASOTA, FL 342313235 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: PD () Delete
Name: DYRNESS, GRACE DR
Address: 2097 NORTH MOLINO AVENUE
City-St-Zip: ALTADENA, CA 91001

Title: VD () Delete
Name: LIN, SELINA
Address: 23319 SUMMERS CREEK COURT
City-St-Zip: KATY, TX 77494

Title: S () Delete
Name: PETERS, EVA
Address: 587 SUMMIT AVENUE
City-St-Zip: PASADENA, CA 91103

Title: TD () Delete
Name: KRISS, CHARLES
Address: 180 TRACY ROAD
City-St-Zip: RAVENA, NY 12143

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: DAVIS, MARK
Address: 3412 STONYRIDGE DRIVE
City-St-Zip: HUDSONVILLE, MI 49418

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: GRACE DYRNESS

PD

01/15/2009

Electronic Signature of Signing Officer or Director

Date