

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000005381 (7)**

1. Corporation Name

INTERNATIONAL CHRISTIAN CHAMBER OF COMMERCE USA, INC.



Principal Place of Business

Mailing Address

5115 MARYLAND WAY
BRENTWOOD TN 37027

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BRENTWOOD TN 37027

3. Date Incorporated or Qualified
11/02/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
62-1530244

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME **P/D SANFORD, JEFFREY A**
STREET ADDRESS **600 HILLSBORO RD**
CITY-ST-ZIP **NASHVILLE TN 37215**

1.1 TITLE Change Addition
1.2 NAME **D LAURA KENT**
1.3 STREET ADDRESS **709 PARADISE WAY**
1.4 CITY-ST-ZIP **REDWOOD CITY, CA 94062**

TITLE DELETE
NAME **V/D NEILL, DALE**
STREET ADDRESS **2725 PACIFIC COAST HWY**
CITY-ST-ZIP **LONG BCH CA 90804**

2.1 TITLE Change Addition
2.2 NAME **D CAL MASON**
2.3 STREET ADDRESS **9904 BAILEY WICK RD**
2.4 CITY-ST-ZIP **RALEIGH, N.C. 27613**

TITLE DELETE
NAME **S/B PILCHER, WILL**
STREET ADDRESS **1248 N ST**
CITY-ST-ZIP **SANTA ROSA CA 95404**

3.1 TITLE Change Addition
3.2 NAME **D**
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME **T/D GREENE, CHARLES M**
STREET ADDRESS **2808 HEMINGWAY DR**
CITY-ST-ZIP **NASHVILLE TN 37215**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES M. GREENE, TREASURER

1/22/96

Date

615-665-0428

Daytime Phone #

CR2E037 (12/95)