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Feb 27 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F95000005381 (7)  
1. Corporation Name  
INTERNATIONAL CHRISTIAN CHAMBER OF COMMERCE USA, INC.



Principal Place of Business: 5115 MARYLAND WAY BRENTWOOD TN 37027  
Mailing Address: 5115 MARYLAND WAY BRENTWOOD TN 37027-7512

3. Date Incorporated or Qualified: 11/02/1995  
3a. Date of Last Report: 01/29/1996

2. Principal Place of Business  
21 6963 DOUGLAS BLVD.  
Suite, Apt #, etc. 22 293  
City & State 23 GRANITE BAY, CA.  
Zip 24 95746 Country 25 USA

2a. Mailing Address  
26 6963 DOUGLAS BLVD.  
Suite, Apt #, etc. 27 293  
City & State 28 GRANITE BAY, CA  
Zip 29 95746 Country 30 USA

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

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: FL

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LAURA KENT	
STREET ADDRESS	709 PARADISE WAY	
CITY-ST-ZIP	REDWOOD CITY CA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CAL MASON	
STREET ADDRESS	9904 BAILEYWICK RD.	
CITY-ST-ZIP	RALEIGH NC	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PILCHER, WILL	
STREET ADDRESS	1248 N. ST.	
CITY-ST-ZIP	SANTA ROSA CA	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GREENE, CHARLES W.	
STREET ADDRESS	2808 HEMINGWAY DR.	
CITY-ST-ZIP	NASHVILLE TN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT, DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DALE NEILL	(mailing Add)
1.3 STREET ADDRESS	P.O. BOX 4279	
1.4 CITY-ST-ZIP	LONG BEACH, CA 90804	
2.1 TITLE	SECRETARY, DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BRUCE BUCHHOLZ	(mailing Add)
2.3 STREET ADDRESS	P.O. BOX 2420	
2.4 CITY-ST-ZIP	GRANITE BAY, CA 95746	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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, changed, or on an attachment with an address.

SIGNATURE:  CHARLES W. GREENE 1/28/97 615-665-0428  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0075822

CR2E057 (1996)