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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000005381

1. Corporation Name

INTERNATIONAL CHRISTIAN CHAMBER OF COMMERCE USA,
INC.

Principal Place of Business

Mailing Address

6963 DOUGLAS BLVD
293
GRANITE BAY CA 95746
US

6963 DOUGLAS BLVD
293
GRANITE BAY CA 95746
US



2. Principal Place of Business

2a. Mailing Address

21 1300 Pennsylvania Ave
Suite, Apt. #, etc.

26 1300 Pennsylvania Ave
Suite, Apt. #, etc.

3. Date Incorporated or Qualified
11/02/1995

22 NW, STE 700
City & State

27 NW, STE 700
City & State

4. FEI Number
62-1530244 Applied For
Not Applicable

23 Washington, DC
Zip Country

28 Washington, DC
Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

24 2000Y 25 USA

29 2000Y 30 USA

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

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 DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE PD
NAME NEILL, DALE
STREET ADDRESS P O BOX 4279 N/A
CITY-ST-ZIP LONG BCH CA DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VT
NAME BUCHHOLZ, BRUCE
STREET ADDRESS 6949 MERRY WOOD CT
CITY-ST-ZIP GRANITE BAY CA 9574 DELETE

2.1 TITLE U.P
2.2 NAME James K. Gokkett
2.3 STREET ADDRESS 11330 Docksiders Circle
2.4 CITY-ST-ZIP Boston, VA 20191-4018 Change Addition

TITLE SD
NAME PILCHER, WILL
STREET ADDRESS 1248 N. ST.
CITY-ST-ZIP SANTA ROSA CA DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TD
NAME GREENE, CHARLES W.
STREET ADDRESS 2808 HEMINGWAY DR.
CITY-ST-ZIP NASHVILLE TN DELETE

4.1 TITLE TD
4.2 NAME Linda Cavalli
4.3 STREET ADDRESS 1283 Foster Rd
4.4 CITY-ST-ZIP Napa, CA 94558 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DELETE

5.1 TITLE Director
5.2 NAME Jeff Sanford
5.3 STREET ADDRESS 900 Huntington Circle
5.4 CITY-ST-ZIP Nashville, TN 37215 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DELETE

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

14. 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 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, with all other like empowered.

SIGNATURE: W. PILCHER REWILLIED Pilcher 3-16-99 902-579-5758
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)