


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 01, 2004 8:00 am**  
**Secretary of State**

03-01-2004 90042 044 \*\*\*\*61.25

**DOCUMENT # F95000005381**

1. Entity Name  
**INTERNATIONAL CHRISTIAN CHAMBER OF COMMERCE USA, INC.**



Principal Place of Business  
**1300 PENNSYLVANIA AVE  
 NW STE 700  
 WASHINGTON, DC 20004 US**

Mailing Address  
**1300 PENNSYLVANIA AVE  
 NW STE 700  
 WASHINGTON, DC 20004 US**

2. Principal Place of Business  
**106 STREET NE  
 SUITE 502  
 WASHINGTON, DC  
 20002 USA**

3. Mailing Address  
**106 STREET NE  
 SUITE 502  
 WASHINGTON, DC  
 20002 USA**



01302004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**62-1530244** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
**DUDA, LUTHER MR.  
 3360 SOUTH ATLANTIC AVENUE  
 RIVERBEND 415  
 COCOA BEACH, FL 32931**

7. Name and Address of New Registered Agent  
 Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25** Due by **May 1, 2004**

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

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D	NAME TAYLOR, MICHAEL STREET ADDRESS 615 12TH STREET CITY-ST-ZIP HUNTINGTON BEACH, CA 92648	TITLE D/P	NAME JAMES GARVIN STREET ADDRESS 1381 GREYSTONE DRIVE CITY-ST-ZIP TUSCALOOSA, AL. 35403
TITLE PD	NAME ROBIN, RAILEY-ATLANT R STREET ADDRESS PO BOX 501358 CITY-ST-ZIP ATLANTA, GA 31150	TITLE D	NAME [Blank]
TITLE VPD	NAME KENT, PETER STREET ADDRESS 709 PARADISE WAY CITY-ST-ZIP REDWOOD CITY, CA 94062	TITLE D/T	NAME [Blank]
TITLE TD	NAME CAVALLI, LINDA STREET ADDRESS 1283 FOSTER RD CITY-ST-ZIP NAPA, CA 94558	TITLE D	NAME [Blank]
TITLE D	NAME DUDA, LUTHER STREET ADDRESS 830 E. GOLF DRIVE, UNIT 4 CITY-ST-ZIP SANIBEL ISLAND, FL 33957	TITLE D/S	NAME 3360 S. ATLANTIC AVE RIVERBEND # 415 COCO BEACH, FL. 32931
TITLE SD	NAME WILDERMUTH, DANIEL STREET ADDRESS 35 DOVER CLIFF WAY CITY-ST-ZIP ALPHARETTA, GA 30022	TITLE D/V	NAME KENNETH JOHNSON STREET ADDRESS 626 MAIN STREET HUNTINGTON BEACH, CA. 92648

12. 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 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: Luther J. Duda FEB 28, 2004 321-784-8838  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #