2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # N96000002899

1. Entity Name
INTERNATIONAL CONGRESS OF LOCAL CHURCHES, INC.

Principal Place of Business	Mailing Address
5746 MARLIN ROAD SUITE 500 CHATTANOOGA, TN 37411-5679	5746 MARLIN ROAD SUITE 500 CHATTANOOGA, TN 37411-5679

01052004 No Chg-NP CR2E037 (10/03)

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4. FEI Number 62-0677701 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

CHITWOOD, MICHAEL H
3001 NE 19TH STREET
FT LAUDERDALE, FL 33305

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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

U00000112834
04/14/04-80039-015 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MEARES, DON
STREET ADDRESS	13901 CENTRAL AVENUE
CITY-ST-ZIP	UPPER MARLBORO, MD 20772
TITLE	TD
NAME	CHITWOOD, MICHAEL H
STREET ADDRESS	3001 NE 19TH STREET
CITY-ST-ZIP	FT LAUDERDALE, FL 33305
TITLE	VPD
NAME	ANTHONY, BOB
STREET ADDRESS	8400 COWAN AVENUE
CITY-ST-ZIP	BOWIE, MD 20720
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #