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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 729790

1. Corporation Name

KOREAN BAPTIST CHURCH OF TAMPA, INC.

Principal Place of Business
 6020 NORTH CHURCH AVENUE
 TAMPA FL 33614-5602

Mailing Address
 6020 NORTH CHURCH AVENUE
 TAMPA FL 33614-5602



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

05/29/1974

4. FEI Number
 59-1656411

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

9. Name and Address of Current Registered Agent

SUNG, CHANG HUI
 6020 N. CHURCH AVENUE
 TAMPA FL 33614-5602

10. Name and Address of New Registered Agent

81 Name **WON, chun Soo**
 82 Street Address (P.O. Box Number is Not Acceptable)
6020 N. Church Ave.
 83
 84 City **Tampa** FL 85 Zip Code **33614**

11. Pursuant to the provisions of Sections 617.0802 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of 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]*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1/15/99**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WON, CHOOM SOO	
STREET ADDRESS	14510 MARKLANDGREENS PL	
CITY-ST-ZIP	TAMPA FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	YUM, YOON KI	
STREET ADDRESS	11807 HICKRY NUT DR	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEE, DUKSANG	
STREET ADDRESS	7722 MARBELLA CREEK AVE	
CITY-ST-ZIP	TAMPA FL 33615	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WON, chun Soo	
1.3 STREET ADDRESS	14510 Marklandgreens PL.	
1.4 CITY-ST-ZIP	Tampa FL 33625	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DANIEL, Koon Ja	
2.3 STREET ADDRESS	5319 Watson Rd.	
2.4 CITY-ST-ZIP	Riverview FL 33569	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Patrick FAULKNER	
3.3 STREET ADDRESS	11009 Sunswapt PL.	
3.4 CITY-ST-ZIP	Tampa FL 33624	
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	NAM, Young S.	
4.3 STREET ADDRESS	7102 N. Armenia Ave	
4.4 CITY-ST-ZIP	Tampa FL 33604	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Yoo, Mee Sook	
5.3 STREET ADDRESS	10109 Pepperidge CT.	
5.4 CITY-ST-ZIP	Tampa FL 33615	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	KIM, Teak Su	
6.3 STREET ADDRESS	301 E. cluster Ave	
6.4 CITY-ST-ZIP	Tampa FL 33604	

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: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)