

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

**95 APR 20 AM 7:20**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N01102 (5)**  
1. Corporation Name  
**ORLANDO CENTRAL BAPTIST CHURCH, INC.**

Principal Place of Business Mailing Address  
**2700 WESTON LANE ORLANDO FL 32810-4432**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/26/1984** 3a. Date of Last Report **09/06/1994**  
4. FEI Number **59-3015268** 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  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75** Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**PHILLIPS, R. PATRICK  
200 N. THORNTON AVE.  
ORLANDO FL 32801-2164**

10. Name and Address of New Registered Agent  
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>LEE, SANG SUEP</b>
STREET ADDRESS	<b>7117 GREEN NEEDLE DR.</b>
CITY - ST - ZIP	<b>WINTER PARK FL</b>
TITLE	<b>PD</b>
NAME	<b>LEE, CHANG GUN</b>
STREET ADDRESS	<b>984 RIVEREDGE CT</b>
CITY - ST - ZIP	<b>LONGWOOD FL</b>
TITLE	<b>D</b>
NAME	<b>NA, YOUNG HO</b>
STREET ADDRESS	<b>203 HOFFMAN CT</b>
CITY - ST - ZIP	<b>CASSELBERRY FL</b>
TITLE	<b>SD</b>
NAME	<b>CHA, JEONG JIM</b>
STREET ADDRESS	<b>248 HUNTRIDGE WAY</b>
CITY - ST - ZIP	<b>WINTER SPRING FL</b>
TITLE	<b>D</b>
NAME	<b>AN, CHONG SUK</b>
STREET ADDRESS	<b>5480 LK TYNER DR</b>
CITY - ST - ZIP	<b>ORLANDO FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>KIM, KI TAK</b>	
1.3 STREET ADDRESS	<b>2863 BERMUDA AVE. N.</b>	
1.4 CITY - ST - ZIP	<b>APOPKA, FL, 32703</b>	
2.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>SHIN, WILLIAM</b>	
2.3 STREET ADDRESS	<b>466 LAKE BRIDGE LN. #1422</b>	
2.4 CITY - ST - ZIP	<b>APOPKA FL, 32703</b>	
3.1 TITLE	<b>SEC. PARK, SUN NIEM</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>661 CRYUGA DR.</b>	
3.3 STREET ADDRESS	<b>WINTER SPRING, FL, 32708</b>	
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>PLEASE DELETE</b>	
4.3 STREET ADDRESS	<b>MR. CHA, JEONG JIM.</b>	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *[Signature]* DATE: **4/17/95** DISTRICT: **699-1057**