

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N37884 (6)**
1. Corporation Name
THE PANAMA CITY KOREAN CHURCH (P.C.A.), INC.



Principal Place of Business Mailing Address
% NEVIN J. ZIMMERMAN
221 MCKENZIE AVE
PANAMA CITY FL 32401-3128
426 BURKETT ROAD
~~221 MCKENZIE AVE~~
PANAMA CITY FL 32404
US

3. Date Incorporated or Qualified **04/30/1990** 3a. Date of Last Report **02/03/1995**
4. FEI Number **59-3029253** 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**
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 **426 Burkett rd** 26 **426 Burkett rd**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Panama City, FL** 27 **Panama City, FL**
City & State City & State
23 **32404** 29 **32404** 30 **Bay**
Zip Country Zip Country

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
ZIMMERMAN, NEVIN J.
211 MCKENZIE AVE
PANAMA CITY FL 32402
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) **Same as #9**
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.052 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 *Nevin J. Zimmerman* DATE **2/5/96**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SAM-SOAK, YAWNG	
STREET ADDRESS	426 BURKETT DR	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CHOE, SUN HO <i>choe sun ho</i>	
STREET ADDRESS	211 S. CHARLENE DR <i>6121 cherry st.</i>	
CITY-ST-ZIP	PANAMA CITY FL <i>Panama City, FL 32404</i>	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	NASH, CYNTHIA	
STREET ADDRESS	2959 FRANKFORD DR.	
CITY-ST-ZIP	PANAMA CITY FL	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
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: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)