## NOT-FOR-PROFIT CORPORATION

## Jan 23, 2003 8:00 am **Secretary of State**

01-23-2003 90202 019 \*\*\*\*61.25

Daytime Phone #

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DOCUMEN 1 # N37884 1. Entity Name THE PANAMA CITY KOREAN CHURCH INC. DO NOT WRITE IN THIS SPACE 90008732 2. Principal Place of Business 3. Mailing Address 426 Burkett Road 426 BURKETT ROAd Suite. Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE PANAMA City & State City & State Applied For 59-3029253 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 32404 Fee Required 7. Name and Address of Current Registered Agent Name DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rainstating) DATE FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. -Initial or Amended UBR - Added to Fees Florida Department of State 10 OFFICERS AND DIRECTORS 2R2E037B (12/02) TITLE TD NAME BOND, KUN C STREET ADDRESS STREET ADDRESS 3013 NORTH KIRKEEN AVE CITY-ST-ZIF CITY+ST-ZIE ΡΔΝΙΔΜΑ CITY FL 32405 TITLE TD NAME NAME NASH, CYNTHIA STREET ADDRESS STREET ADDRESS 2959 FRANKFORD AVE CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY EL 32405 Inte NAME NAME SANTORO, KIL CHU STREET ADDRESS STREET ADDRESS DO NOT WRITE 112 SANDOLLAR DR CITY-ST-ZIP CHY-ST-ZIP DANAMA CITY REACH EL 32408 THE IN THIS SPACE NAME MAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET: ADDRESS CITY-ST-ZIP CITY-ST-ZIP .JITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 on an attachment with an address, with all other like empowered. 13 JAN 03 850-784-6905

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR