

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Murphree
Secretary of State
Tallahassee, Florida

APPROVED
AND
FILED

DOCUMENT # **N38118** (8)

THE FIRST KOREAN CHURCH OF CHRISTIAN & MISSIONARY ALLIANCE INC.

Principal Place of Business	Mailed Address
3800 LAKE UNDERHILL RD ORLANDO FL 32803	3800 LAKE UNDERHILL RD ORLANDO FL 32803

2. Principal Place of Business	2a. Mailing Address
21. State Appointed	26. State Appointed
22. Date of State	27. Date of State
23. Date of State	28. Date of State
24. Date of State	29. Date of State
25. Date of State	30. Date of State

3. Date of Report (or 2 dates)	3a. Date of Last Report
05/15/1990	04/21/1994
4. FIC Number	Applied For
59-3028548	Not Applicable
5. Certificate of Status Fee	\$8.75 Additional Fee Required
6. Fee for Certificate of Status	\$5.00 May Be Added to Fees
7. Report with 100% Status	\$68.75 Supplemental Fee Not Required
8. The corporation is organized, incorporated, or organized for under the laws of Florida	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

9. Name and Address of Current Registered Agent

OH, JAMES J.
3800 LAKE UNDERHILL RD.
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81. Name

82. Street Address (City, State and Zip Code)

83. City

84. State

85. Zip Code

FL

11. I, the undersigned, certify that the information contained in this report is true and correct to the best of my knowledge and belief, and that the information contained in this report is true and correct to the best of my knowledge and belief, and that the information contained in this report is true and correct to the best of my knowledge and belief.

12. OFFICER AND DIRECTOR	13. APPLICANT
<p>NAME: OH, JAMES J.</p> <p>RESIDENCE: 4868 E. MICHIGAN ST. #6 ORLANDO FL</p>	<p>NAME: PTD</p> <p>RESIDENCE: [Blank]</p>
<p>NAME: HYONOK, KIM</p> <p>RESIDENCE: 12436 BRAXTED DR ORLANDO FL</p>	<p>NAME: KIM, HYONOK</p> <p>RESIDENCE: [Blank]</p>
<p>NAME: SO, YONG UN</p> <p>RESIDENCE: 4290 PONDAPPLE DR. TITUSVILLE FL</p>	<p>NAME: OH, KENNIE</p> <p>RESIDENCE: 4868 E. Michigan St. #6 Orlando, FL</p>
<p>NAME: [Blank]</p> <p>RESIDENCE: [Blank]</p>	<p>NAME: DUME, Dinah</p> <p>RESIDENCE: 4525 Curtis Blvd Pt. St. John, FL</p>
<p>NAME: [Blank]</p> <p>RESIDENCE: [Blank]</p>	<p>NAME: [Blank]</p> <p>RESIDENCE: [Blank]</p>
<p>NAME: [Blank]</p> <p>RESIDENCE: [Blank]</p>	<p>NAME: [Blank]</p> <p>RESIDENCE: [Blank]</p>
<p>NAME: [Blank]</p> <p>RESIDENCE: [Blank]</p>	<p>NAME: [Blank]</p> <p>RESIDENCE: [Blank]</p>
<p>NAME: [Blank]</p> <p>RESIDENCE: [Blank]</p>	<p>NAME: [Blank]</p> <p>RESIDENCE: [Blank]</p>

14. I hereby certify that the information contained in this report is true and correct to the best of my knowledge and belief, and that the information contained in this report is true and correct to the best of my knowledge and belief, and that the information contained in this report is true and correct to the best of my knowledge and belief.

SIGNATURE:

PRINTED NAME AND TYPED OR HANDWRITTEN OF DIRECTOR OR OFFICER

James J. Oh 4-25-95 407-895-4670