## 3/1

2001 UNIFORM BUSINESS REPORT (URR)

DOCUN 1. Entity Name	MENT # N38118			Apr 12, 2001 8:00 am Secretary of State 03-01-2001 91327 025 ****61.25			
THE FIR	ST KOREAN CHURCH OF (	CHRISTIAN & MISSION	AR		03-01-2001 913	27 025 ****61.25	5
Principal Place	e of Business	Mailing Address	<del></del>	_			
3800 LAKE LINDERHILL RD. ORLANDO FL 32803		3800 LAKE UNDERHILL RD. ORLANDO FL 32803			1. Up & U C 1		
2. Principal Pl	lace of Business	3. Mailing Address	·				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Number	4. FEI Number 59-3028548 Applied For Not Applicable		
Zip Country		Zip	Country	5. Certificate of	ertificate of Status Desired S8.75 Additional Fee Required		
	6. Name and Address of Curren	t Registered Agent	Name	7. Name and A	ddress of New Registered Ac	jent	<u> </u>
OH, JAME					ss (P.O. Box Number is Not Acceptable)		
3800 LAKE UNDERHILL RD. ORLANDO FL 32803			. City	City FL Zip Code		Zip Code	-
9. The shows	named entity submits this statement	for the number of changing its	registered office or se	edistored egent or both			-{
SIGNATURE .	Signature, typed or printed name of registered age FILE NOW: FEE IS \$61.25	9. Election Campaigr Trust Fund Contrib	Financing				
10.	OFFICERS AND D	DIRECTORS	11.	ADDITIONS/CHAN	IGES TO OFFICERS AND DIR	ECTORS IN 10	┥ ˙
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, YUNCHONG 12618 OLDCASTLE DRIVE ORLANDO FL 32837	∑ Delete		Kyung Ro 3240 Tre	berts	☐ Change 🔀 Addition	CR2E037 (10/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KIM, HYONOK 12436 BRAXTED DR ORLANDO FL	<b>F</b> Delete	TITLE .  NAME  STREET ADDRESS  CITY-ST-ZIP	D Yang, <b>\$2</b> 1814 Whi		2	CRZE
NAME STREET ADDRESS CITY-ST-ZIP	S OH, GRACE 4868 E. MICHIGAN ST. #6 ORLANDO FL 32812	☐ Delete	NAME STREET ADDRESS City-St-Zip			☐ Change ☐ Addition	<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIM, SUNG YUL 341 RIVERCHASE DR. ORLANDO FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	olinama ta	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME SIREET ADDRESS CITY-SI-ZIP			☐ Change ☐ Addition	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-01

401)895-4610

Daytime I