

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 05, 2000 8:00 am**  
**Secretary of State**

04-05-2000 90069 007 \*\*\*\*70.00

**DOCUMENT # N50248**

1. Entity Name

**KOREAN CHOONG HYUN CHURCH OF ORLANDO, INC.**

Principal Place of Business

7000 WINZGARD RD  
 ORLANDO FL 32809  
 US

Mailing Address

6941 PRECOURT DR.  
 ORLANDO FL 32809-6450  
 US

2. Principal Place of Business

7000 WINEGARD RD

3. Mailing Address

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

4. FEI Number

59-3517425

Applied For

Not Applicable

Zip

32809

Country

U.S.

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**KIM, SEOK WON**  
 6941 PRECOURT DR  
 ORLANDO FL 32809

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

PASTOR; SEOK WON KIM

*[Handwritten Signature]*

4/2/2000

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **DP KIM, SEOK WON**  
 STREET ADDRESS **6941 PRECOURT DR**  
 CITY-ST-ZIP **ORLANDO FL 32809**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D LEE, HYEON MO**  
 STREET ADDRESS **4855 ROUND LAKE**  
 CITY-ST-ZIP **APOPKA FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **SD LEE, IM TAE**  
 STREET ADDRESS **4855 ROUND LAKE**  
 CITY-ST-ZIP **APOPKA FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D DIEHL, YOUNG**  
 STREET ADDRESS **1505 ROYAL CIRCLE**  
 CITY-ST-ZIP **APOPKA FL 32703**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Handwritten Signature]*, Pastor

4/2/2000

(407) 251-0001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)