

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2005 8:00 am
Secretary of State

02-15-2005 90021 028 ****61.25

DOCUMENT # N96000004263 1. Entity Name OCALA KOREAN BAPTIST CHURCH, INC.					
Principal Place of Business 7710 SW 38TH AVENUE OCALA, FL 34476 US			Mailing Address 7710 SW 38TH AVENUE OCALA, FL 34476 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MILLS, NATALIE L 8818 SW 205TH CIRCLE DUNNELLON, FL 34432			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC MILLS, NATALIE 8818 S.W. 205 CIRCLE DUNNELLON, FL 34430	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DELANO, JUDY 1722 SE 150TH STREET SUMMERFIELD, FL 34491	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLFLEY, EUN SOOK 5146 S. LECANTO HWY LECANTO, FL 34461	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GADSDEN, AMOS 8590 NW 11TH TERRACE OCALA, FL 34475	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIM, TAE JOON 11818 NW HWY #27 OCALA, FL 34482	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLS, MCHENRY 8818 S.W. 205 CIRCLE DUNNELLON, FL 34430	☐ Delete			
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: <i>Amos Gadsden</i> AMOS GADSDEN				2/12/2005 3526719155	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	