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Jan 16 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **729790** (6)

1. Corporation Name

**KOREAN BAPTIST CHURCH OF TAMPA, INC.**

Principal Place of Business

**6020 NORTH CHURCH AVENUE  
TAMPA FL 33614-5602**

Mailing Address

**6020 NORTH CHURCH AVENUE  
TAMPA FL 33614-5602**



3. Date Incorporated or Qualified  
**05/29/1974**

3a. Date of Last Report  
**03/08/1996**

2. Principal Place of Business

21 Suite, Apt. #, etc

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

**59-1656411**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing

Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**LEE, DANIEL T  
6020 N. CHURCH AVENUE  
TAMPA FL 33614-5602**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **WON, CHOOM SOO**  
STREET ADDRESS **14510 MARKLANDGREENS PL**  
CITY-ST-ZIP **TAMPA FL**

TITLE **VD** ☐ DELETE

NAME **SHIN DONG JOO**  
STREET ADDRESS **5913 FALL RIVER**  
CITY-ST-ZIP **N. P. RL 34655**

TITLE **D** ☐ DELETE

NAME **MISOOK, YU**  
STREET ADDRESS **10109 PEPPERIDGE CT.**  
CITY-ST-ZIP **TAMPA FL 33615**

TITLE **PAS** ☐ DELETE

NAME **LEE, DANIEL T**  
STREET ADDRESS **6029 N. CHURCH AVE.**  
CITY-ST-ZIP **TAMPA FL 33614**

TITLE **VD** ☐ DELETE

NAME **Yoon Ki Yum**  
STREET ADDRESS **11807 Hickory Nut Dr.**  
CITY-ST-ZIP **Tampa, FL 33625**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Daniel T. Lee* **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-5-1997 (813)888-9988**  
Date Daytime Phone # 0048197

CR2E037 (9/96)