

FILE NOW: FILING FEE IS \$61.25

FILED  
May 01 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000005863 (4)**

1. Corporation Name

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

Principal Place of Business

Mailing Address

**6018 N. HIGHLAND AVENUE  
TAMPA FL 33604**

**6018 N. HIGHLAND AVENUE  
TAMPA FL 33604**

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**2a** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

Country

**28** Zip

Country

**24**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**12/11/1995**

4. FEI Number

**65-0636699**

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**

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

**OH, SUENG IL REV.  
6018 N. HIGHLAND AVENUE  
TAMPA FL 33604**

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 617.1506, 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	<b>C</b>	<input type="checkbox"/> DELETE
NAME	<b>CHANG, YUN IK</b>	
STREET ADDRESS	<b>225 S. VALRICO RD</b>	
CITY-ST-ZIP	<b>VALRICO FL 33594</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HAN, SUNG DONG</b>	
STREET ADDRESS	<b>11208 BLOOMINGTON DR</b>	
CITY-ST-ZIP	<b>TAMPA FL 33635</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KIM, CHONG SIK</b>	
STREET ADDRESS	<b>6904 MANATEE AVENUE, APT 21-D</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34209</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>YO, SIN YON</b>	
STREET ADDRESS	<b>8700 PEACHTREE DRIVE</b>	
CITY-ST-ZIP	<b>TEMPLE TERRACE FL 33716</b>	

TITLE	<b>C</b>	<input type="checkbox"/> DELETE
NAME	<b>OH, SUENG IL</b>	
STREET ADDRESS	<b>3309 W. CASS ST.</b>	
CITY-ST-ZIP	<b>TAMPA FL 33609</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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:

*[Signature]*

4-22-98

(813) 238-0213

CR2E037 (10/97)