## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Aug 30, 2004 8:00 am Secretary of State **DOCUMENT # 729790** 1. Entity Name 08-30-2004 90006 010 \*\*\*\*61.25 KOREAN BAPTIST CHURCH OF TAMPA, INC. Principal Place of Business Mailing Address 6020 NORTH CHURCH AVENUE 6020 NORTH CHURCH AVENUE 54070041 TAMPA FL 33614-5602 TAMPA FL 33614-5602 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (4/04) City & State Applied For City & State 4. FEI Number 59-1656411 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEE. DANIEL 1208 N. Delaware Street Address (P.O. Box Number is Not Acceptable) Tampa FL 33601 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 (NOTE: Registered Agent signature required when reinstating) ed or printed name of registered agent and title if applicable. FILE NOW: FEE I \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By September 8, 2004 Trust Fund Contribution. Added to Fees Florida Department of State 10 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD TITLE ☐ Delete TITLE Addition LEE, DANIEL NAME NAMÉ 3706 W. IDLE WILD AVE . #907 STREET ADDRESS STREET ADDRESS **TAMPA FL 33614** CITY-ST-ZIP CITY-ST-ZIP TD Delete TITLE TITLE Change ☐ Addition JEONGOK, KIM KuHan Lee 5641 paddock Trail Tampa FL 33624 NAME MAME 3040 EASTLAND BVD, 3G208 STREET ADDRESS STREET ADDRESS CLEARWATER FL 33761 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition RO, AERA NAME NAME A1807 APACH TRIAL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 34615 CITY-ST-ZIF Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

ME OF SIGNING OFFICER OR DIRECTOR

FILED

9-11-04 (F/3) 899-9988

Dayline Phone #