

FILED  
Apr 06, 2006 8:00 am  
Secretary of State

03-16-2006 90233 014 \*\*\*\*61.25

2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

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| <b>DOCUMENT # 729790</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                            |                                                                                         |         |
| 1. Entity Name<br>KOREAN BAPTIST CHURCH OF TAMPA, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                            |                                                                                                                                                                          |         |
| Principal Place of Business<br>6020 NORTH CHURCH AVENUE<br>TAMPA, FL 33614-5602                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                            | Mailing Address<br>6020 NORTH CHURCH AVENUE<br>TAMPA, FL 33614-5602                                                                                                      |         |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                            | 3. Mailing Address<br>Suite, Apt. #, etc.                                                                                                                                |         |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                            | City & State                                                                                                                                                             |         |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Country                                                                                    | Zip                                                                                                                                                                      | Country |
| 4. FEI Number<br>59-1656411                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                            | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                   |         |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                            | \$8.75 Additional Fee Required                                                                                                                                           |         |
| 6. Name and Address of Current Registered Agent<br>LEE, DANIEL<br>1208 N DELAWARE AVE<br>TAMPA, FL 33607                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                            | 7. Name and Address of New Registered Agent<br>Name Lee, Daniel<br>Street Address (P.O. Box Number is Not Acceptable)<br>3006 N. Ola Ave<br>City Tampa FL Zip Code 33603 |         |
| 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.<br>SIGNATURE <u>Daniel R Lee</u> DATE <u>1-16-06</u><br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)</small>                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                            |                                                                                                                                                                          |         |
| Filing Fee is \$61.25<br>Due by May 1, 2006                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                            | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees                                                          |         |
| Make check payable to<br>Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                            |                                                                                                                                                                          |         |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                            |                                                                                                                                                                          |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | PD<br>LEE, DANIEL<br><del>3708 W. HOLE WILD AVE - 8807</del><br><del>TAMPA, FL 33614</del> | <input type="checkbox"/> Delete                                                                                                                                          |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | TD<br>RAKWON, CHOI<br>6809 S DAULPHIN AVE<br>TAMPA, FL 33611                               | <input checked="" type="checkbox"/> Delete                                                                                                                               |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | SD<br>CHOI, MINEY<br>11404 2ND ST, # 3<br>SAINT PETERSBURG, FL 33716                       | <input checked="" type="checkbox"/> Delete                                                                                                                               |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                            | <input type="checkbox"/> Delete                                                                                                                                          |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                            | <input type="checkbox"/> Delete                                                                                                                                          |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                            | <input type="checkbox"/> Delete                                                                                                                                          |         |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                            |                                                                                                                                                                          |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Lee, Daniel PD<br>3006 N. Ola Ave.<br>Tampa FL 33603                                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                             |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Lee, Chul Suk SD<br>3136 Chamblee Ln.<br>Clearwater, FL 34619                              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                             |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Lee, Kuhan TD<br>5647 Paddock Trail<br>Tampa FL 33624                                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                             |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Lee, Kimin TD<br>29209 Five Busch Dr.<br>Wesley Chapel, FL 33543                           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                             |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                        |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                        |         |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.<br>SIGNATURE: <u>Daniel R Lee</u> DATE <u>1-16-06</u> DAYTIME PHONE # <u>813-215-3339</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> |                                                                                            |                                                                                                                                                                          |         |