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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 729790

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/29/1974	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1656411	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent

SUNG, CHANG HUI
6020 N. CHURCH AVENUE
TAMPA FL 33614-5602

10. Name and Address of New Registered Agent

81	Name	WON, Chun Soo	
82	Street Address (P.O. Box Number is Not Acceptable)	6020 N. Church Ave.	
83			
84	City	Tampa	FL
85	Zip Code	33614	

11. Pursuant to the provisions of Sections 617.0802 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of 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

11/5/99

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WON, CHOOM SOO			1.2 NAME	WON, Chun Soo		
STREET ADDRESS	14510 MARKLANDGREENS PL			1.3 STREET ADDRESS	14510 Marklandgreens PL.		
CITY-ST-ZIP	TAMPA FL			1.4 CITY-ST-ZIP	Tampa FL 33625		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VD	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	YUM, YOON KI			2.2 NAME	DANIEL, Koon Ja		
STREET ADDRESS	11807 HICKRY NUT DR			2.3 STREET ADDRESS	5319 Watson Rd.		
CITY-ST-ZIP	TAMPA FL			2.4 CITY-ST-ZIP	Riverview FL 33569		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	TD	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LEE, DUKSANG			3.2 NAME	Patrick FAULKNER		
STREET ADDRESS	7722 MARBELLA CREEK AVE			3.3 STREET ADDRESS	11009 Sunswep PL.		
CITY-ST-ZIP	TAMPA FL 33615			3.4 CITY-ST-ZIP	Tampa FL 33624		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				4.2 NAME	NAM, Young S.		
STREET ADDRESS				4.3 STREET ADDRESS	2102 N. Armenia Ave		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	Tampa FL 33604		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				5.2 NAME	Yoo, Mee Sook		
STREET ADDRESS				5.3 STREET ADDRESS	10109 Pepperidge CT.		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	Tampa FL 33615		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				6.2 NAME	KIM, Teak Su		
STREET ADDRESS				6.3 STREET ADDRESS	301 E. Cluster Ave		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	Tampa FL 33604		

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/5/99

CR2E037 (1/198)