FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

4013 W LINEBAUGH AVE

SUITE 109

(1)

Mailing Address

4013 W LINEBAUGH AVE

THE KOREAN ASSOCIATION OF WEST FLORIDA, INC.

Date Incorporated or Qualified 01/20/1978	3a. Date of Last Report 04/27/1996
FEI Number 59-2151704	Applied For
09-2101704	Not Applicable
Certificate of Status Desired	\$8.75 Additional

FILED

Apr 15 1997 8:00am

Secretary of State

UITE 109 AMPA FL 33624		SUITE 109 TAMPA FL 33624-5	5236		0.04	3a. Date of Last Report
					3. Date Incorporated or Qualified 01/20/1978	04/27/1996
Principal Place of Business 2a. Mailing Address 26			4. FEI Number 59-2151704	Applied For Not Applicable		
Sulte, Apt. #,	etc.	Suite, Apt. #,	elc.	- · · · · ·	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 4	Country 25	7 (p	30	ntry	. Iorida otatato	Yes No
	Name and Address of Cu	rrent Registered Agent			10. Name and Address of New Reg	gistered Agent
				81 Name		
		82 Street Address (P.O. Box Number is Not Acceptable)				
		83				
			84 City		FL 85 Zip Code	
11 Pursuant to t	the provisions of Sections 617	0502 and 617,1508, Florid	da Statutes, the at	pove-named co	propration submits this statement for the propration	urpose of changing its registered

Pursuant to the provisions of Sections 617,0502 and 617,0508, Florida Statutes, the above-handed corporation submits this statement of the purpose of changing its registered of the corporation submits this statement of the purpose of changing its 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: Ro	gistored Agent signature r	required when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS	· · · · · ·	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	S IN 12
TITLE	PD	DELETE	1.1 TITLE		☐ Change	Addition
NAME	CHANG, IK-KOON		1.2 NAME			
STREET ADDRESS	15020 ROCKY LEDGE DR		1.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33625		1.4 C(TY-ST-Z)P			
TITLE	V D □ :	DELETE	21 TITLE		Change	Addition
NAME	CHOI, JAE PIL		22 NAME			
STREET ADDRESS	2817 RIVERPINES WAY		23 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34231		2 4 CITY-ST-7IP			
TITLE	CD □ 0	DELETE	3.1 TITLE		☐ Change	Addition
NAME	KIM, JAE JOON		3.2 NAME			
STREET ADDRESS	1806 GREEN LAWN ST		3.3 STREET ADDRESS			
CITY-ST-ZIP	BRANDON FL 33511		3.4. CITY- \$1 - ZIP			
TITLE	\$	DELETÉ	4.1 TOLE		☐ Change	Addition
NAME	SHIN, JUNG K		4. 2 NAME			
STREET ADDRESS	11400 4TH ST N APT 814		4.3 STREET ADDRESS			
CITY-ST-ZIP	ST PETERSBURG FL 33718		4.4 CITY - ST - ZIP			
TITLE	TD	DELETE	5.1 TITLE		Change	Addition
NAME	SAN G, GYUN NO		5.2 NAME			
STREET ADDRESS	5613 PINEY LN		5.3 STREET ADDRESS			
CITY - ST - ZIP	TAMPA FL 33624		5.4 CITY - ST - ZIP			
TITLE		DELETE	6.1 TITLE		Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
DITY - 8T - 710			6.4 C/TY+ST+ZIP			

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statules. 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.