

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763796

FILED
Apr 30, 2009
Secretary of State

Entity Name: FLORIDA-KOREA ECONOMIC COOPERATION COMMITTEE, INC.

Current Principal Place of Business:

9600 NW 38TH STREET
SUITE 215-B
DORAL, FL 33178 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 226647
MIAMI, FL 33222 US

New Mailing Address:

FEI Number: 59-2438625

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WOODWARD, DAVID
9600 NW 38TH STREET
SUITE 215-B
DORAL, FL 33178 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: MD () Delete
Name: WOODWARD, DAVE
Address: PO BOX 226647
City-St-Zip: MIAMI, FL 33222

Title: CD () Delete
Name: SPRINGSTEEN, KIMI
Address: 601 EAST KENNEDY BLVD, 26TH FLOOR
City-St-Zip: TAMPA, FL 33602

Title: VCD () Delete
Name: BREEN, MICHAEL
Address: 3 INDEPENDENT DRIVE
City-St-Zip: JACKSONVILLE, FL 32202

Title: STD () Delete
Name: CASTORO, WILLIAM
Address: PO BOX 3281
City-St-Zip: SEMINOLE, FL 33775

Title: D () Delete
Name: SUMRALL, HAL
Address: 5037 BERMUDA CIRCLE
City-St-Zip: ORLANDO, FL 32808

Title: D () Delete
Name: MENCIA, MANNY
Address: 2801 PONCE DE LEON, STE 700
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: SUMRALL, HAL
Address: 5037 BERMUDA CIRCLE
City-St-Zip: ORLANDO, FL 32808

Title: D (X) Change () Addition
Name: SACCO, PAUL
Address: 509 EAST AVE S.
City-St-Zip: CLEARWATER, FL 33756

Title: D (X) Change () Addition
Name: GEORGE, GABEL
Address: 50 LAURA ST., STE. 3900
City-St-Zip: JACKSONVILLE, FL 32202

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVE WOODWARD

MD

04/30/2009

Electronic Signature of Signing Officer or Director

Date