

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90069 050 ****70.00

DOCUMENT # 767676	
1. Entity Name KOREAN UNITED METHODIST CHURCH OF SOUTH FLORIDA, INC.	

Principal Place of Business 4905 W. PROSPECT RD FT. LAUDERDALE, FL 33309	Mailing Address 4905 W. PROSPECT RD FT. LAUDERDALE, FL 33309
--	--

DO NOT WRITE IN THIS SPACE



03062008 No Chg-NP CR2E037 (4/06)

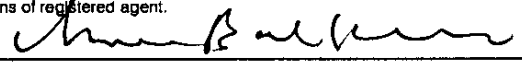
4. FEI Number 59-2344238	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KIM, CHOON B
5665 NW 88TH TERRACE
TAMARAC, FL 33321**

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE  DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing.)

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEE, SANG CHUL 1543 S.W. 181 AVE PEMBROKE PINES, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KIM, KYU SANG 11027 NW 8TH CTR. PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIM, CHANG LIM 3165 N.W. 116 AVE. CORAL SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOO, YOUNG LAI 7701 SALEM LA PARKLAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRD KIM, HO BIN 11831 ROYAL PALM BLVD #202 CORAL SPRINGS, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HA, JOSEPH J <i>Bae, Jong H</i> <i>13859 S.W. 40th ST</i> <i>DAVIE, FL 33330</i>

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE:  DATE **3/23/08** DAYTIME PHONE # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR