


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90448 049 \*\*\*\*61.25

<b>DOCUMENT #</b> N00000000446	
<b>1. Entity Name</b> WAY OF LIFE KOREAN PRESBYTERIAN CHURCH, INC.	

<b>Principal Place of Business*</b> 1925 NORTH 60TH AVENUE HOLLYWOOD FL 33021	<b>Mailing Address</b> 6180 SW 44 ST DAVIE FL 33314
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<b>2. Principal Place of Business</b> 4691A SW 43rd Terrace Suite, Apt. #, etc.	<b>3. Mailing Address</b> 4691A SW 43rd Terrace Suite, Apt. #, etc.
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<b>City &amp; State</b> Davie FL	<b>City &amp; State</b> Davie FL
<b>Zip</b> 33314	<b>Country</b> U.S.A

  
MOORE CR2E037 (11/03)

<b>4. FEI Number</b> 65-0901075	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired.</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  PARK, JANG SUNG 6180 SW 44 ST DAVIE FL 33314	<b>7. Name and Address of New Registered Agent</b> Name - Park, Pastro Jangsung Street Address (P.O. Box Number is Not Acceptable) 4691A SW 43rd Terrace City Davie FL Zip Code 33314
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**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 Pastor J. Park (Pastor) Park, Jang Sung 04/22/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> PD	<b>NAME</b> PARK, JANG SUNG <input checked="" type="checkbox"/> Delete	<b>TITLE</b> PD	<b>NAME</b> Park, Pastro Jangsung <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 1925 NORTH 60TH AVENUE	<b>CITY-ST-ZIP</b> HOLLYWOOD FL 33021	<b>STREET ADDRESS</b> 4691A SW 43rd Avenue	<b>CITY-ST-ZIP</b> Davie FL 33314
<b>TITLE</b> STD	<b>NAME</b> PARK, HYE YOUNG <input checked="" type="checkbox"/> Delete	<b>TITLE</b> STD	<b>NAME</b> Park, Hye Young <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 1925 NORTH 60TH AVENUE	<b>CITY-ST-ZIP</b> HOLLYWOOD FL 33021	<b>STREET ADDRESS</b> 4691A SW 43rd Avenue	<b>CITY-ST-ZIP</b> Davie FL 33314
<b>TITLE</b> VD	<b>NAME</b> LIM, HYEON KYUNG <input checked="" type="checkbox"/> Delete	<b>TITLE</b> VD	<b>NAME</b> Lim, Hyeon Kyung <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 1925 N. 60TH AVENUE	<b>CITY-ST-ZIP</b> HOLLYWOOD FL 33021	<b>STREET ADDRESS</b> 4691A SW 43rd Terrace	<b>CITY-ST-ZIP</b> Davie FL 33314
<b>TITLE</b>	<b>NAME</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>NAME</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>NAME</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	

**12. 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 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: Pastor J. Park (Pastor) Park, Jang Sung 04/22/04 (954) 817-3786  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**Department of Justice**  
**Immigration and Naturalization Service**

## Petition for Name Change

United States District Court  
Miami, Florida

**(NAME OF COURT)**

**As part of the naturalization process, you have the opportunity to legally change your name. Please complete lines 1 - 8 (Type or print clearly).**

**My full and correct name (current name):**

I.                 JANG   SUNG   PARK  
                    (FIRST)   (MIDDLE)   (LAST)

2. Address: 6180 SW 44 St Davie, FL 33314  
(Number/Street) (City/State) (Zip Code)

3. Country of Nationality: Korea 4. Date of Birth: 11/13/1957  
(Month) (Day) (Complete Year)

**5. Alien Registration Card (Green Card) Number:** A 045 808 143

**6. I certify that I am not seeking a change of name for any unlawful purpose such as the avoidance of debt or evasion of law enforcement.**

**7. I petition the court to change my name to:**

<u>PASTRO</u> (FIRST)	<u>LANG SUNG</u> (MIDDLE)	<u>PARK</u> (LAST)

8. Date: 7/29/2003

Signature of Petitioner, (current name)

**CERTIFICATION OF NAME CHANGE**

I CERTIFY THAT THE ABOVE PETITION WAS GRANTED BY THE COURT ON

OCT 17 2003

**(Date)**

**CLARENCE G. MADDOX, II.**

(Clerk)

**(Deputy Clerk)**

### **IMPORTANT INFORMATION**

**Your copy of this petition, along with your Certificate of Naturalization, which you will receive upon taking the oath of allegiance, will verify that you elected to change your name. Your Certificate of Naturalization bears your new name as changed per Order of the Court.**