2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Apr 04, 2003 8:00 am Secretary of State DOCUMENT # N00000001002 04-04-2003 90121 002 ****61.25 KOREAN ASSOCIATION OF NORTHWEST FLORIDA. INC. Principal Place of Business Mailing Address INADOTAD 34894 EMERALD COAST PARKWAY . P.O. BOX 68 FORT WALTON BEACH FL 32549 DESTIN FL 32541 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. T CHECK HERE IF MAKING CHANGES City & State Applied For City & State 4. FEI Number 74-3062595 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FRIEDSBERG, EUNJOO T O. Box Number is Not Acceptable) -2051 JESSICA WAY NAVARRE FL 02566 Zip Code Navarr 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 Signature, typed gr printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOVE FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD TITLE TIDE ☐ Delete Change ☐ Addition CHE-KELLY, HYOSUN NAME NAME 34894 EMERALD COAST PARKWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DESTIN FL 32541 CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition HOA, OKNAM NAME NAME STREET ADDRESS 2364 MARY, RARE CIR. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP NAVARRE FL 32566 VPD ☐ Delete TITLE TITLE Change ☐ Addition OK. BAR SUK NAME NAME STREET ADDRESS 6207 E SHORE DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32505 BD TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME SURCHA, AHN NAME STREET ADDRESS 4110 W. BELMONT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE PENSACOLA FL 32506 TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIE ☐ Delete TITLE Change ☐ Addition

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED