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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State **DIVISION OF CORPORATIONS** 

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1996	

DOCUMENT #

N01102

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OBLANDO CENTRAL BAPTIST CHURCH, INC.

Annual Place of Business   Melling Accross   200 Weston LANE   Charlot   200 Weston LANE   2	OT ZET II		Wildlight Hills.						
Selection   Sele	Principal Place of Business Mailing Address						T TERNICON DIA DOTON TIDON TIDON BELED HIDT DIDIN DIDIN DIDIN DIDIN DIDIN DIDIN DIDIN DIDIN DIDIN HIDDI		
2. Principal Place of Business									
Suite, Apt. P. etc.    20									
Salte, Apt. P. etc.    20			harry -						
City-8-State    Country   28   28   28   28   28   28   28   2	Suite, Apt. #, etc.		·	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional		
Zip   Country   Zip   20   30   Country   8. This concretion has lability for retargible six under s. 199.002, 200   2	City & State		City & State		. 0	□ \$5.00 May Be			
PHILLIPS, R. PATRICK 200 N. THORNTON AVE. ORLANDO FL 32801-2184  11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Porticis Statutes, the above named corporation submits this statement for the purpose of changing its registered office of the purpose of changing its registered office of sections (P.O. Box Nibryther is Not Acceptable)  11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Porticis Statutes, the above named corporation submits this statement for the purpose of changing its registered office of sections (P.O. Box Nibryther is Not Acceptable)  12. OFFICERS AND DIRECTORS  13. ACCIDIONS-CHANGES 10 OFFICERS AND DIRECTORS  13. ACCIDIONS-CHANGES 10 OFFICERS AND DIRECTORS IN 12 INTIRE  14 CITY-ST-2P  17 IT GREEN NEEDLE DR. 18 SINERIA ADDRESS  17 IT IT GREEN NEEDLE DR. 18 SINERIA ADDRESS  18 INTIRE  19 D ORLETE  21 TITLE  10 DORLETE  21 TITLE  22 ACCIDIONS-CHANGES 10 OFFICERS AND DIRECTORS IN 12 OF	Zip	<b>∳</b> ( '	Zip	Zip Country		8. This corporation has liability for it	ntangible tax under s. 199.032,		
PHILLIPS, R. PATRICK 200 N. THORNTON AVE. ORLANDO FL 32801-2164  82 Street Address (P.O. Box Nampber is Not Acceptable)  11. Pursuant to the provisors of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered different internal purpose of the appointment as registered different internal purpose of the appointment as registered different internal purpose of the appointment as registered different internal purpose internal purpose of the appointment as registered different internal purpose internal purpose of the appointment as registered different internal purpose of the appointment as registered different internal purpose internal purpose of the appointment as registered different as registered different internal purpose of the appointment as registered different internal purpose of the appointment as registered different internal purpose of the appointment as registered different as registered different internal purpose of the appointment as registered different as registered different internal purpose of the appointment as registered different as register	24		rent Registered Agent	<u> </u>					
200 N. THORNTON AVE. ORLANDO FL 32801-2184  84 Orly  FL 85 Zip Code  11. Pursuant to the provisions of Sections 817.0502 and 617.1508, Plantis Stalutes, the above named corporation submits this statement for the nurpose of champing its registered office formation with, and accept the obligations of, Section 617.0508, Plantis Stalutes, the above named corporation submits this statement for the nurpose of champing its registered agent. I arm formation with, and accept the obligations of, Section 617.0508, Plantis Stalutes, the above named corporation submits this statement for the nurpose of champing its registered agent. I arm formation in the State of Florids. Such change was suthfortized by the corporation's board of directors. I hereby accept the approintment as registered agent. I arm formation in the State of Florids. Such change was suthfortized by the corporation's board of directors. I hereby accept the approintment as registered agent. I arm formation in the State of Florids. Such change was suthfortized by the corporation's board of directors. I hereby accept the approintment as registered agent. I arm formation in the State of Florids. Such change was suthfortized by the corporation's board of directors. I hereby accept the approintment as registered agent. I arm formation in the statement for the nurpose of change in the province of registered agent. I arm formation in the statement for the nurpose of change in the province agent. I arm formation in the statement for the nurpose of change in the province agent. I arm formation in the statement for the nurpose of change in the province agent. I arm formation in the statement for the nurpose of change in the province agent. I arm formation in the statement for the nurpose of change in the province agent. I arm for the nurpose of change in the province agent agent. I arm for the nurpose of change in the province agent		0, 1111111 21111 11111111111111111111111	Tom riogiototo rigoni	81	Name	10. Name and Address of New H	sgistered Agent		
200 N. THORNTON AVE. ORLANDO FL 32801-2184  84 Orly  FL 85 Zip Code  11. Pursuant to the provisions of Sections 817.0502 and 617.1508, Plantis Stalutes, the above named corporation submits this statement for the nurpose of champing its registered office formation with, and accept the obligations of, Section 617.0508, Plantis Stalutes, the above named corporation submits this statement for the nurpose of champing its registered agent. I arm formation with, and accept the obligations of, Section 617.0508, Plantis Stalutes, the above named corporation submits this statement for the nurpose of champing its registered agent. I arm formation in the State of Florids. Such change was suthfortized by the corporation's board of directors. I hereby accept the approintment as registered agent. I arm formation in the State of Florids. Such change was suthfortized by the corporation's board of directors. I hereby accept the approintment as registered agent. I arm formation in the State of Florids. Such change was suthfortized by the corporation's board of directors. I hereby accept the approintment as registered agent. I arm formation in the State of Florids. Such change was suthfortized by the corporation's board of directors. I hereby accept the approintment as registered agent. I arm formation in the statement for the nurpose of change in the province of registered agent. I arm formation in the statement for the nurpose of change in the province agent. I arm formation in the statement for the nurpose of change in the province agent. I arm formation in the statement for the nurpose of change in the province agent. I arm formation in the statement for the nurpose of change in the province agent. I arm formation in the statement for the nurpose of change in the province agent. I arm for the nurpose of change in the province agent agent. I arm for the nurpose of change in the province agent	PHILLIPS	S R PATRICK			<u> </u>				
ORLANDO FL 32801-2164    84				82	Street	Address (P.U. Box Number is Not Acceptable	9)		
1. Pursuant to the provisions of Sections 617.0502 and 617.1508. Forida Statutes, the above named corporation submits this statement for the purpose of changing its registered affice or registered agant, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the edipations of Section 617.0503, florida Statutes.  SIGNATURE  Signature port of the provisions of Section 617.0503, florida Statutes by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with an accept the exponent of the appointment as registered agent. I am familiar with a familiar w				83	<del>                                     </del>				
11. Parsuant to the provisions of Sections 617.0502 and 617.1508. Portias Statutes, the above named comporation submists this statement for the purpose of changing its registered office or registered again, to both, in the State of Fortiads, Such change was untimized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE    Signature, the description of the State of Process of the Composition of the Com				84	City		85 Zip Code		
or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 617.053, Florida Statutes.    Signature	11. Pursuant to the provisions of Sections 617 0502 and 617 1508. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered of								
12.   OFFICER AND DIRECTORS   13.   ADDITIONS/CHANGE STO OFFICERS AND DIRECTORS   1.1 TITLE   D.   Change   DAddition	or registe	red agent, or both, in the State of Fi	lorida. Such change was authorized b	y the corp	oration's	board of directors. I hereby accept the appo	intment as registered agent. I am		
13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR'S N 12   TITLE	SIGNATURE								
TITLE	12				nt signature r	<del></del>			
NAME   LEE, SANG SUEP   12 NAME   13 STREET ADDRESS   7117 GREEN NEEDLE DR.   13 STREET ADDRESS   7117 GREEN NEEDLE DR.   14 CITY-ST-2P   CVUNUN 0							Chance Chatter		
MAME   LEE, CHANG GUN   22 MAME   22 STREET ADDRESS   364 RIVEREDGE CT   22 STREET ADDRESS   2.4 CITY-ST-ZIP   LONGWOOD FL   2.1 TITLE   Change   Addition   Additi		_				CHANG KI ChONG	Change Madultons		
MAME   LEE, CHANG GUN   22 MAME   22 STREET ADDRESS   364 RIVEREDGE CT   22 STREET ADDRESS   2.4 CITY-ST-ZIP   LONGWOOD FL   2.1 TITLE   Change   Addition   Additi					r Annaecc	2122 HUNTLEIGH DOLL	v≠		
MAME   LEE, CHANG GUN   22 MAME   22 STREET ADDRESS   364 RIVEREDGE CT   22 STREET ADDRESS   2.4 CITY-ST-ZIP   LONGWOOD FL   2.1 TITLE   Change   Addition   Additi						DUMIND . TI 22 P	20-		
NAME   LEE, CHANG GUN   964 RIVEREDGE CT   23 STREET ADDRESS   CITY-ST-ZIP   LONGWOOD FL   2.4 OTY-ST-ZIP			DELETE	2.1 TITLE		CHORIST) FE. 320.	Change Addition		
STREET ADDRESS   964 RIVEREDGE CT   23 STREET ADDRESS   2.4 CITY-ST-ZIP	, •		_						
CITY-ST-ZIP									
TITLE									
STREET ADDRESS   203 HOFFMAN CT   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP   CASSELBERRY FL   3.4 CITY-ST-ZIP   TITLE   D			DELETE				Change Addition		
CITY-ST-ZIP	NA, YOUNG HO		i	3.2 NAME					
TITLE				3.3 STREET ADDRESS					
NAME KIM, KI TAK  2863 BERMUDA AVE N.  4.2 NAME  4.3 STREET ADDRESS  CITY-ST-ZIP  APOPKA FL  D DELETE  5.1 TITLE  AN, CHONG SUK  5.2 NAME  5.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  D DELETE  5.4 CITY-ST-ZIP  TITLE  D DELETE  5.4 CITY-ST-ZIP  TITLE  D DELETE  6.1 TITLE  D DELETE  6.1 TITLE  D DELETE  6.2 NAME  STREET ADDRESS  SHIN, WILLIAM  6.2 NAME  5.3 STREET ADDRESS  CITY-ST-ZIP  APOPKA FL 32703  6.4 CITY-ST-ZIP  APOPKA FL 32703	CASSELBERRY FL			3.4. CITY - ST - ZIP					
STREET ADDRESS CITY-ST-ZIP APOPKA FL  TITLE D DELETE 51 TITLE STREET ADDRESS AN, CHONG SUK STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE D DELETE 51 TITLE 52 NAME 53 STREET ADDRESS CITY-ST-ZIP TITLE D DELETE 61 TITLE D Change Addition Addition Addition Addition STREET ADDRESS	TITLE D DELE		DELETE	4.1 TITLE			Change Addition		
APOPKA FL	NAME KIM, KI TAK			4. 2 NAME					
TITLE         D         □DELETE         51 TITLE         □ Change         Addition           NAME         AN, CHONG SUK         52 NAME         52 NAME         52 NAME         53 STREET ADDRESS         53 STREET ADDRESS         54 CITY-ST-ZIP         54 CITY-ST-ZIP         54 CITY-ST-ZIP         □ Change         □ Addition           NAME         SHIN, WILLIAM         62 NAME         62 NAME         63 STREET ADDRESS         64 CITY-ST-ZIP         APOPKA FL 32703         64 CITY-ST-ZIP         64 CITY-			4.3 STREET ADDRESS						
NAME AN, CHONG SUK  STREET ADDRESS  5480 LK TYNER DR  53 STREET ADDRESS  CITY-ST-ZIP  ORLANDO FL  54 CITY-ST-ZIP  TITLE  D  Change Addition  62 NAME  STREET ADDRESS  CITY-ST-ZIP  APOPKA FL 32703  64 CITY-ST-ZIP	CITY-ST-ZIP	<del></del>		4.4 CITY-S	I - ZIP				
STREET ADDRESS   5480 LK TYNER DR   5.3 STREET ADDRESS	TITLE			5.1 TITLE			☐ Change ☐ Addition		
CITY-ST-ZIP         ORLANDO FL         5.4 CITY-ST-ZIP           TITLE         D         ☑ DELETE         6.1 TITLE         ☐ Change         ☐ Addition           NAME         SHIN, WILLIAM         6.2 NAME         6.2 NAME           STREET ADDRESS         466 LAKE BRIDGE LANE         6.3 STREET ADDRESS           CITY-ST-ZIP         APOPKA FL 32703         6.4 CITY-ST-ZIP	NAME			5.2 NAME					
TITLE D DELETE 6.1 TITLE Change Addition  NAME SHIN, WILLIAM 6.2 NAME  STREET ADDRESS 466 LAKE BRIDGE LANE 6.3 STREET ADDRESS  CITY-ST-ZIP APOPKA FL 32703 6.4 CITY-ST-ZIP	STREET ADDRESS			5.3 STREET	ADDRESS				
NAME SHIN, WILLIAM 6.2 NAME STREET ADDRESS 466 LAKE BRIDGE LANE 6.3 STREET ADDRESS CITY-ST-ZIP APOPKA FL 32703 6.4 CITY-ST-ZIP	***			5.4 CITY - S	T - 2 P				
STREET ADDRESS 466 LAKE BRIDGE LANE 6.3 STREET ADDRESS APOPKA FL 32703 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP	TITLE		<b>₩</b> DELETE	6.1 TITLE			Change Addition		
CITY-ST-ZIP APOPKA FL 32703 64 CITY-ST-ZIP	NAME			6.2 NAME					
	STREET ADDRESS			6.3 STREET	ADDRESS				
			at a call and a constant and a call and a ca						

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.

SIGNATURE: \_

KJUM) KIN K, +AK, Aston 3/19
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR OSTERO

(401) 295-2268 Destrine Phone #