

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Jul 26, 1999 8:00 am**  
**Secretary of State**

07-26-1999 90001 018 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N01102**

1. Corporation Name

**ORLANDO CENTRAL BAPTIST CHURCH, INC.**

Principal Place of Business

2700 WESTON LANE  
 ORLANDO FL 32810-4432

Mailing Address

2700 WESTON LANE  
 ORLANDO FL 32810-4432



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

01/26/1984

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
 59-3015268

Applied For  
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional  
 Fee Required

24 Zip Country

29 Zip Country

6. Election Campaign Financing  
 Trust Fund Contribution

\$5.00 May Be  
 Added to Fees

9. Name and Address of Current Registered Agent

MUIN, SUNG  
 1231 PALM BLUFF DR  
 APOPKA FL 32712

10. Name and Address of New Registered Agent

81 Name **PARK, UI NAM**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**2700 Weston Lane**  
 83  
 84 City **Orlando** FL 85 Zip Code **32810**

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 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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]*  
Signature typed or printed name of registered agent and title if applicable.

**UI NAM PARK** **7/6/99**  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                             |                                 |
|----------------|-----------------------------|---------------------------------|
| TITLE          | PD                          | <input type="checkbox"/> DELETE |
| NAME           | <b>PARK, UI NAM</b>         |                                 |
| STREET ADDRESS | <b>636 CHEOY LEE CIR</b>    |                                 |
| CITY-ST-ZIP    | <b>WINTER SPRINGS FL</b>    |                                 |
| TITLE          | D                           | <input type="checkbox"/> DELETE |
| NAME           | <b>LEE, CHANG GUN</b>       |                                 |
| STREET ADDRESS | <b>964 RIVEREDGE CT</b>     |                                 |
| CITY-ST-ZIP    | <b>LONGWOOD FL</b>          |                                 |
| TITLE          | D                           | <input type="checkbox"/> DELETE |
| NAME           | <b>NA, YOUNG HO</b>         |                                 |
| STREET ADDRESS | <b>203 HOFFMAN CT</b>       |                                 |
| CITY-ST-ZIP    | <b>CASSELBERRY FL</b>       |                                 |
| TITLE          | D                           | <input type="checkbox"/> DELETE |
| NAME           | <b>KIM, KI TAK</b>          |                                 |
| STREET ADDRESS | <b>2863 BERMUDA AVE N.</b>  |                                 |
| CITY-ST-ZIP    | <b>APOPKA FL</b>            |                                 |
| TITLE          | D                           | <input type="checkbox"/> DELETE |
| NAME           | <b>AN, CHONG SUK</b>        |                                 |
| STREET ADDRESS | <b>5480 LK TYNER DR</b>     |                                 |
| CITY-ST-ZIP    | <b>ORLANDO FL</b>           |                                 |
| TITLE          | D                           | <input type="checkbox"/> DELETE |
| NAME           | <b>CHANH, KI CHON</b>       |                                 |
| STREET ADDRESS | <b>2122 HUNTLEIGH POINT</b> |                                 |
| CITY-ST-ZIP    | <b>ORLANDO FL</b>           |                                 |

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 6.4 CITY-ST-ZIP    |   |

14. 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 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, with all other like empowered.

SIGNATURE *[Signature]* SIGNATURE **PARK, UI NAM** **7-6-99 (409) 295-2268**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0001557

CR2E037 (5/99)