

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90049 046 ****61.25

DOCUMENT # N01102

1. Entity Name

ORLANDO CENTRAL BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

**2700 WESTON LANE
 ORLANDO FL 32810-4432**

**2700 WESTON LANE
 ORLANDO FL 32810-4432**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3015268

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PARK, UI NAM
 2700 WESTON LANE
 ORLANDO FL 32810**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
 NAME **PARK, UI NAY**
 STREET ADDRESS **636 CHEOY LEE CIR**
 CITY-ST-ZIP **WINTER SPRINGS FL**

TITLE Change Addition
 NAME **PARK, UI NAM**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **LEE, CHANG GUN**
 STREET ADDRESS **964 RIVEREDGE CT**
 CITY-ST-ZIP **LONGWOOD FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **NA, YOUNG HO**
 STREET ADDRESS **203 HOFFMAN CT**
 CITY-ST-ZIP **CASSELBERRY FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **KIM, KI TAK**
 STREET ADDRESS **2863 BERMUDA AVE N.**
 CITY-ST-ZIP **APOPKA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **AN, CHONG SUK**
 STREET ADDRESS **5480 LK TYNER DR**
 CITY-ST-ZIP **ORLANDO FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **CHANH, KI CHON**
 STREET ADDRESS **2122 HUNTLEIGH POINT**
 CITY-ST-ZIP **ORLANDO FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: _____

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/2000 (07) 862-3968
 Date Daytime Phone #

CR2E037 (9/99)