

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N02000000212	
1. Entity Name FEDERATION OF KOREAN ASSOCIATION CENTER, INC.	
	

Principal Place of Business 10033 9TH ST NORTH, SU1 102 ST PETERSBURG, FL 33716	Mailing Address 10033 9TH ST NORTH, SU1 102 ST PETERSBURG, FL 33716
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DO NOT WRITE IN THIS SPACE

**FILED
Jan 13, 2006 8:00 am
Secretary of State**

01-13-2006 90045 031 ****61.25



01052006 No Chg-NP CR2E037 (11/05)

4. FEI Number 02-0551998	Applied For <input type="checkbox"/>
5. Certificate of Status Desired	
<input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**KIM, POONG-JIN
10033 9TH ST NORTH, SU1 102
ST PETERSBURG, FL 33716**

**DO NOT WRITE
IN THIS SPACE**

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 or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIM, POONG-JIN 10033 9TH ST NORTH, SU1 102 ST PETERSBURG, FL 33716
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TEE, DO YOUNG Kim, YOUNG MAN 6124 BEACH TREE DR 4025 W. Figua St ALEXANDRIA, VA 22310 HOUSTON, TX 77045
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RHEE, MIN HUI 1205 WILTON PLACE LOS ANGELES, CA 90019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIM, GILNAM 5623 SO GARFIELD AVE HINSDALE, IL 60521
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHOI, BYUNG K 6904 LUPINE LANE MCLEAN, VA 22101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIM, CHANG-BEOM 1836 WILLOW LANE RD MT POSPECT, IL 60056

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/05/06

727-578-6400

Date

Daytime Phone #