

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

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

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

DOCUMENT # N02000000212

1. Entity Name
FEDERATION OF KOREAN ASSOCIATION CENTER, INC.



Principal Place of Business
**10033 9TH ST NORTH, SUI 102
ST PETERSBURG, FL 33716**

Mailing Address
**10033 9TH ST NORTH, SUI 102
ST PETERSBURG, FL 33716**



01052006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0551998

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KIM, POONG-JIN
10033 9TH ST NORTH, SUI 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	D
NAME	KIM, POONG-JIN
STREET ADDRESS	10033 9TH ST NORTH, SUI 102
CITY-ST-ZIP	ST PETERSBURG, FL 33716
TITLE	D
NAME	LEE, DO YOUNG Kim, Youngman
STREET ADDRESS	6124 BEACH TREE DR 4025 W. Fugua St
CITY-ST-ZIP	ALEXANDRIA, VA 22304 HOUSTON, TX 77045
TITLE	D
NAME	RHEE, MIN HUI
STREET ADDRESS	1205 WILTON PLACE
CITY-ST-ZIP	LOS ANGELES, CA 90019
TITLE	D
NAME	KIM, GILNAM
STREET ADDRESS	5623 SO GARFIELD AVE
CITY-ST-ZIP	HINSDALE, IL 60521
TITLE	D
NAME	CHOI, BYUNG K
STREET ADDRESS	6904 LUPINE LANE
CITY-ST-ZIP	MCLEAN, VA 22101
TITLE	D
NAME	KIM, CHANG-BEOM
STREET ADDRESS	1836 WILLOW LANE RD
CITY-ST-ZIP	MT POSPECT, IL 60056

**DO NOT WRITE
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

Date

Daytime Phone #

1/05/06

727-578-6400