

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 14, 2003 8:00 am
Secretary of State

0004894

DOCUMENT # NO2000009132

1. Entity Name

ORLANDO EVANGELICAL CHURCH, INC.



07-14-2003 90333 016 ****61.25

Principal Place of Business

**6213 PEREGRINE COURT
ORLANDO FL 32819**

Mailing Address

**6213 PEREGRINE COURT
ORLANDO FL 32819**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

48-1290475

Applied For

Not Applicable

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

**KIM, MAL JOON
6213 PEREGRINE COURT
ORLANDO FL 32819**

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. 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

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | KIM, MAL JOON | |
| STREET ADDRESS | 6213 PEREGRINE COURT | |
| CITY-ST-ZIP | ORLANDO FL 32819 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | CHONG, DO SAM | |
| STREET ADDRESS | 152 SPRINGWOOD VILLAGE CIRCLE #D | |
| CITY-ST-ZIP | LONGWOOD FL 32750 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | KIM, SOON BOK | |
| STREET ADDRESS | 6213 PEREGRINE COURT | |
| CITY-ST-ZIP | ORLANDO FL 32819 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | CHONG, YOUNG SOK | |
| STREET ADDRESS | 5085 EDGEWATER DRIVE | |
| CITY-ST-ZIP | ORLANDO FL 32810 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | CHOI, DO SUN | |
| STREET ADDRESS | 633 CAKE DOT LAKE #1509 | |
| CITY-ST-ZIP | ORLANDO FL 32703 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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

Date 7/14/03 Daytime Phone 407-210-1111

CR2E037 (4/03)