FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 20 PM 7:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02915 (9)

1. Corporation Name
EAST-WEST GOSPEL MISSION, INC.

Principal Place of Business	Mailing Address
6254 TOWNSEND RD JACKSONVILLE FL 32244	6254 TOWNSEND RD JACKSONVILLE FL 32244

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/07/1984
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-2447421 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21: 6254 Townsend Rd
22: Suite, Apt. #, etc.
23: City & State: Jacksonville FL
24: Zip: 32244 25: Country

2a. Mailing Address
26: 376-5 Maguire Village
27: Suite, Apt. #, etc.
28: City & State: Gainesville, FL
29: Zip: 32603 30: Country

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LIM, TIMOTHY H
376-5 MAGUIRE VILLAGE
GAINESVILLE FL 32603

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: John Kyung Chul Lim, President — 4. 22. 95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	LIM, DR. KYUNG CHUL	1.2 NAME	
STREET ADDRESS	4412 STONINGTON CIR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	DUNWOODY GA	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	☐ Change ☐ Addition
NAME	UPTON, DR. WAYNE W.	2.2 NAME	
STREET ADDRESS	6254 TOWNSEND RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	LIM, MR TIMOTHY H	3.2 NAME	
STREET ADDRESS	376-5 MAGUIRE VILLAGE	3.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	TRANTHAM, MR. BUDDY W.	4.2 NAME	
STREET ADDRESS	17991 LEM TURNER RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	LEE, REV. KANG HO	5.2 NAME	
STREET ADDRESS	4081 OAK FOREST CIR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MARIETTA GA	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	LIM, MRS. JUNG SOOK	6.2 NAME	
STREET ADDRESS	4412 STONINGTON CIR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	DUNWOODY GA	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: John K Lim — President — 4.22.95 — 904. 221. 3456 / 376. 5445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0004349