


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90223 008 ****70.00

DOCUMENT # N03000000893 1. Entity Name FLORIDA STATE TAE KWON DO UNION, INC.					
Principal Place of Business 775 CYPRESS GARDENS BOULEVARD, SOUTHEAST WINTER HAVEN, FL 33884			Mailing Address 775 CYPRESS GARDENS BOULEVARD, SOUTHEAST WINTER HAVEN, FL 33884		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
TURNER, MARK G 255 MAGNOLIA AVENUE, SOUTHWEST WINTER HAVEN, FL 33880				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					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RO, JAE Y			NAME	
STREET ADDRESS	775 CYPRESS GARDENS BOULEVARD, SOUTHEAST			STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN, FL 33884			CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, CHU YOUNG			NAME	
STREET ADDRESS	779 NORTHLAKE			STREET ADDRESS	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408			CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, RAY			NAME	
STREET ADDRESS	81 CURTISS PARKWAY			STREET ADDRESS	
CITY-ST-ZIP	MIAMI SPRINGS, FL 33408			CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARK, IL YEONG			NAME	
STREET ADDRESS	1785 WEST MAIN STREET			STREET ADDRESS	
CITY-ST-ZIP	INVERNESS, FL 33450			CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EASTERLING, MIKE			NAME	
STREET ADDRESS	919 NORTH LAKE HOWARD DRIVE			STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN, FL 33880			CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, DENNIS			NAME	
STREET ADDRESS	1555 EAST BAY DRIVE			STREET ADDRESS	
CITY-ST-ZIP	LARGO, FL 33771			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: _____				04/21/04 868-299-8266	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

MIKE EASTERLING TREASURER GENERAL, FSTKDU, INC