2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# N03000000893

Entity Name: FLORIDA STATE TAE KWON DO UNION, INC.

Current Principal Place of Business:

775 CYPRESS GARDENS BOULEVARD, SOUTHEAST
WINTER HAVEN, FL 33880

New Principal Place of Business:

Current Mailing Address:

919 NORTH LAKE HOWARD DRIVE
WINTER HAVEN, FL 338813122

New Mailing Address:

FEI Number: 57-1152522 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

EASTERLING, MIKE E
919 NORTH LAKE HOWARD DRIVE
WINTER HAVEN, FL 338813122 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	CE	( ) Delete
Name:	RO, JAE Y	
Address:	775 CYPRESS GARDENS BOULEVARD, SOUTHEAST	
City-St-Zip:	WINTER HAVEN, FL 33880	
Title:	PD	( ) Delete
Name:	LEE, CHU YOUNG	
Address:	779 NORTHLAKE BLVD	
City-St-Zip:	NORTH PALM BEACH, FL 33408	
Title:	VD	( ) Delete
Name:	PARK, IL YEONG	
Address:	1529 MANOWAR DR	
City-St-Zip:	HERNANDO, FL 34442	
Title:	STD	( ) Delete
Name:	EASTERLING, MIKE	
Address:	919 N LAKE HOWARD DR	
City-St-Zip:	WINTER HAVEN, FL 338803122	
Title:	VD	( ) Delete
Name:	PARK, HYUN	
Address:	934 WEST STATE ROAD 436, STE 1570	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32714	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKE E EASTERLING STD 03/31/2009
Electronic Signature of Signing Officer or Director — Date