FILED Mar 10, 2005 8:00 am Secretary of State 03-10-2005 90139 007 ****61.25 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N0300001098 1. Entity Name EVERGREEN EVANGELICAL CHURCH IN FLORIDA, INC.				
Principal Place of Business Mailing Address 11536 LAKE VIEW DRIVE 13091 PARKSIDE TERR CORAL SPRINGS, FL 33071 COOPER CITY, FL 33330				· ·
2. Principal Place of Business 6201 W. 57TH S	3. Mailing Address			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	•	01282005 Chg-NP	CR2E037 (10/03)
City & State TAMARAC FL	City & State		4. FEI Number 36-4523068	Applied For Not Applicable
Zip Country 33319	Zip	Country	5. Certificate of Status Desire	d S8.75 Additional Fee Required
5. Name and Address of (Current Registered Agent		7. Name and Address of No	w Registered Agent
LEE, SANG K 11536 LAKE VIEW DRIVE CORAL SPRINGS, FL 33071		/000	(P.Ö. Box Number is Not Accept	
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 private registered expressive agent and side if applicable. (NOTE: Registered Agent signature required when retriatang) Filling Fee is \$61.25 9. Election Campaign Financing \$5,00 May Be				
Due by May 1, 2005	Trust Fund Co		Added to Fees	Florida Department of State
ITILE OP LEE, SANG K STREEL ADDRESS 11538 LAKE VIEW DRIVE CITY-ST-2P CORAL SPRINGS, FL 33				☐ Change ② Addition
ITTLE DS NAME MOON, HYE J STREET ADDRESS CITY-ST-ZIP COOPER CITY, FL 33333	☐ Delette	TITLE MAME STREET ADDRESS CITY-S1-ZIP		☐ Change ☐ Addition
ITILE D NAME - KIM-IL-HOE STREET ADDRESS 7601 E. TREASURE DRIN CITY-SI-20P N. BAY VILLAGE, FL 331		TITLE -NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
ITTLE D NAME CHANG, IM CHO STREET ADDRESS CITY-ST-ZIP PLANTATION, FL 33323	C) Deleta	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE D KANG, BYUNG M STREET APORESS 9217 RAMBILEWOOD DR CITY-ST-28" CORAL SPRINGS, FL 33	,	TITLE NAME _STREET_ADDRESS _CITY-ST;ZIP	<u>હ</u> ર્ણે લે કે ફિસ્ <i>ર્ય</i> ે .	☐ Change ☐ Addition
TITLE MANIE STREET ADDRESS CITY-ST-ZEP	j Delete	HAME CONTE		☐ Change ☐ Addition
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: 130				
BIGHATURE AND T	YOU ON PRINTED NAME OF SIGHING OFFICER OF	A DIRECTOR	Date	Daytme Phone #