


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90181 037 \*\*\*\*66.25

DOCUMENT # N03000003984			
1. Entity Name KOREAN BETHEL PRESBYTERIAN CHURCH OF JACKSONVILLE, INC.			
Principal Place of Business 3334 BILLS RD., #4B JACKSONVILLE FL 32207		Mailing Address 3334 BILLS RD., #4B JACKSONVILLE FL 32207	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 9776 San Jose Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Jacksonville FL	
Zip		Zip 32257	
Country		Country Duval	
4. FEI Number 56-2353396		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent YI, NAM HWON 4489 WILLOW CHASE TERRACE JACKSONVILLE FL 32258		7. Name and Address of New Registered Agent Name: Kang, Dongcheul Street Address (P.O. Box Number is Not Acceptable): 9776 San Jose Blvd City: Jacksonville FL Zip Code: 32257	
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: <i>Kang Dongcheul</i> DATE: 4-15-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input checked="" 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 NAME: YI, NAM-HWON STREET ADDRESS: 5031 RIPPLE RUSH DR CITY-ST-ZIP: JACKSONVILLE FL 32257	<input type="checkbox"/> Delete	TITLE: PD NAME: Kang, Dongcheul STREET ADDRESS: 13305 Long cypress TR CITY-ST-ZIP: Jacksonville FL 32223	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: SD NAME: SEOU, IN SOOK STREET ADDRESS: 6428 AUTUMN BERRY CIR CITY-ST-ZIP: JACKSONVILLE FL 32259	<input type="checkbox"/> Delete	TITLE: SD NAME: Seou, Insook STREET ADDRESS: 6428 Autumn Cir, CITY-ST-ZIP: Jax FL 32258	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: KIM, HEA KYUNG STREET ADDRESS: 2043 MIDNIGHT MOON TRAIL CITY-ST-ZIP: JACKSONVILLE FL 32246	<input type="checkbox"/> Delete	TITLE: TD NAME: Kim, Hea Kyung STREET ADDRESS: 2403 MIDNIGHT Moon Trail CITY-ST-ZIP: Jax FL 32246	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: EUR, YOUNG STREET ADDRESS: 3726 HAWKS BAY ST CITY-ST-ZIP: JACKSONVILLE FL 32257	<input type="checkbox"/> Delete	TITLE: D NAME: EUR, YOUNG STREET ADDRESS: 3746 HAWKS Bay ST CITY-ST-ZIP: Jax FL 32257	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: LEE, CHUNG HYUN STREET ADDRESS: 2193 PIERCE ARROW DR CITY-ST-ZIP: JACKSONVILLE FL 32246	<input checked="" type="checkbox"/> Delete	TITLE: YI Nam Hwon NAME: YI Nam Hwon STREET ADDRESS: 5031 Ripple Rush DR CITY-ST-ZIP: Jax FL 32257	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Kang Dongcheul* Dongcheul Kang 4-15-07 (904) 252-2700  
Signature and typed or printed name of signing officer or director Date Daytime Phone #