

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

09-09-2004 90001 033 *****61.25

FILED 03000004424
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 NOV 23 AM 10:28

DOCUMENT # N03000004424

1. Entity Name
THE SALVATION ARMY KOREAN MINISTRY, INC.



Principal Place of Business
610 W WATERS AVE
TAMPA, FL 33604-2951

Mailing Address
610 W WATERS AVE
TAMPA, FL 33604-2951

54071918



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07292004 Chg-NP

CR2E037 (10/03)

4. FEI Number
20-0096132

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOAYZA, OK SU
2101 W DALLAS AVE
TAMPA, FL 33606

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 of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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	DC	☐ Delete
NAME	LOAYZA, OK SU	
STREET ADDRESS	2001 W DALLAS AVE	
CITY-ST-ZIP	TAMPA, FL 33603	
TITLE	DS	☐ Delete
NAME	CHO, YONG SE	
STREET ADDRESS	7207 FIVE POINT CT #208	
CITY-ST-ZIP	TAMPA, FL 33614	
TITLE	DT	☐ Delete
NAME	LEE, SUK HWA	
STREET ADDRESS	10185 GREAT FALLS LN	
CITY-ST-ZIP	TAMPA, FL 33647	
TITLE	DC	☐ Delete
NAME	CHO, MANG HYUN	
STREET ADDRESS	11812 N NEBRASKA AVE BOOTH #210	
CITY-ST-ZIP	TAMPA, FL 33612	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Utds

Utds Phone #

9/3/04 (813) 915-1004

12/10