



2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N05000004407					
1. Entity Name KOREAN PRESBYTERIAN PASCO HOPE CHURCH, INC.					
Principal Place of Business 8812 OLD COUNTY RD 54 NEW PORT RICHEY, FL 34653			Mailing Address KIOK PHILLIPS 4501 DEVON DR NEW PORT RICHEY, FL 34653		
2. Principal Place of Business		3. Mailing Address 7634 MASSACHUSETTS AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State New Port Richey, FL		4. FEI Number 20-1052756	
Zip	Country	Zip 34653-3022	Country PASCO	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KIM, JONG WOO 11150 4TH ST NORTH UNIT 3802 ST PETERSBURG, FL 33716				7. Name and Address of New Registered Agent Name: Kiok Phillips Street Address (P.O. Box Number is Not Acceptable): 8812 Old County Rd 54 City: New Port Richey, FL Zip Code: 34653	
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 		Kiok Phillips		10-10-06	
Signature, typed or printed name of registered agent and title, if applicable		(NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$61.25 After January 1, 2007, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KIM, JONG WOO 11150 4TH STREET NORTH, UNIT 3802 ST PETERSBURG, FL 33716 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Kiok Phillips 8812 Old County Rd 54 New Port Richey, FL 34653 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	300080957693 10/18/06--01034--018 **\$61.25 <input 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	
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	10/10/24 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 Chapter 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:  Kiok Phillips 10-10-06 727-534-1190

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
06 OCT 18 AM 10:20
CLERK OF STATE
TALLAHASSEE, FLORIDA



10062006 REIN-NP CR2E099 (11/05) 06

4. FEI Number 20-1052756 Applied For Not Applicable

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

7. Name and Address of New Registered Agent

Name: Kiok Phillips
Street Address (P.O. Box Number is Not Acceptable): 8812 Old County Rd 54
City: New Port Richey, FL Zip Code: 34653

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  Kiok Phillips 10-10-06

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$61.25
After January 1, 2007, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
KIM, JONG WOO
11150 4TH STREET NORTH, UNIT 3802
ST PETERSBURG, FL 33716 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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10/10/24 ☐ Delete

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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
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CITY-ST-ZIP
PD
Kiok Phillips
8812 Old County Rd 54
New Port Richey, FL 34653 ☐ Change ☒ Addition

TITLE
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CITY-ST-ZIP
300080957693
10/18/06--01034--018 **\$61.25 ☐ Change ☐ Addition

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