


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 19, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # N05000010181 1. Entity Name HEBRON PRESBYTERIAN CHURCH, INC.	
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Principal Place of Business 6039 NW WOLVERINE RD. PORT ST. LUCIE, FL 34986	Mailing Address 6039 NW WOLVERINE RD. PORT ST. LUCIE, FL 34986
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02092007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-3593704	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

KIM, WUL J  
 6039 NW WOLVERINE RD.  
 PORT ST. LUCIE, FL 34986

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KIM, WUL J 6039 NW WOLVERINE RD. PORT ST. LUCIE, FL 34986
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OH, SUNG W 6014 NW WOLVERINE RD. PORT ST. LUCIE, FL 34986
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KIM, SUSANA E 6014 NW WOLVERINE RD. PORT ST. LUCIE, FL 34986
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIM, EDWIN J 1768 TOM A TOE RD. BOYNLON BEACH, FL 33426
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIM, CHON S 6039 NW WOLVERINE RD. PORT ST. LUCIE, FL 34986
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000642159  
 03/01/07-80030-017 61.25

**DO NOT WRITE IN THIS SPACE**

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:  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_