SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1997

2. Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B: Morthain

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N15185

(4)

2a. Mailing Address

26

THE KOREAN COMMUNITY CHURCH OF FT. MYERS, INCORP

Principal Place of Business Mailing Address 1529 LAUREL DR N FT MYERS FL 33917 1529 LAUREL DR N FT MYERS FL 33917

FILED Aug 19 1997 8:00am Secretary of State



Applied For

Not Applicable

4. FEI Number

59-2734862

Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional	-
2	27					Fee Required	4
City & Stat	ate City & State				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	J
ZIp	Country	Zip	Country		8. This corporation owes or has paid	the current year intangible	٦
4	25	29	30		Personal Property Tax due June 3		1
g. Name and Address of Current Registered Agent					10. Name and Address of New Reg	stered Agent]
			81	Name		•	ŀ
JO, JUNG NE				Street Address (P.O. Box Number is Not Acceptable)			
22568 TAMPA AVE				311001710	diess (1.0. box ridinizer is not acceptable	"	- 1
PT CHARLOTTE FL 33952							٦
. COMMICTAL TE GOSOE			84			12.1 2. 2 .	4
				City		FL 85 Zip Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florida Statutes, the al				e-named co	rporation submits this statement for the pu		Н
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, i am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.							
	in igniliar with, and accept the obligation	ons of, section on a costs, ric	JINIA SIAIUIO	> .			1
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
12.	OFFICERS AND DIRECTORS				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PRD	DELETE	1.1 TITLE			Change Addition	٦
NAME	DONG, YOO S		1.2 NAME	Ì			- li
STREET ADDRESS	4745-8 ORANGE GROVE BLVD		1.3 STREET	ADDRESS		•	- 1
CITY-ST-ZIP	N FT MYERS FL 33903		1.4 CITY-S	ST-ZIP			ď
TITLE	VĒ	DELETE	2.1 TITLE			Change Addition	4
NAME	JO, JUNG NE		2.2 NAME				ı
STREET ADDRESS	22568 TAMPA AVE		2.3 STREET	ADDRESS			1
CITY-ST-ZIP	PT CHARLOTTE FL		2. 4 CITY-			•	1
TITLE	TD	DELETE	3.1 TITLE			Change Addition	ı,
NAME	MOON, KAP NAE		3.2 NAME	1			1
STREET ADDRESS	4523 PALM BEACH BLVD		3.3 STREET	ADDRESS	7.	/	1
CITY-ST-ZIP	FT. MYERS FL		3.4, CITY-1	ST-ZIP	. CE		İ
TITLE	-MB	DELETE	4.1 TITLE		TERSUFER	Change Addition	╗.
NAME	TEONY VII O		4. 2 NAME	<u> </u>	JA WOO SHIN	•	1
STREET ADDRESS	TOP MAY AVE		4.3 STREET	ADORESS /	801 S.E. ZIN TERR		1
CITY-ST-ZIP	JUST MYFRE EL COROS		4.4 CITY-S		* PE COYEL *FL 33901	ıL.	1
TITLE	D	DELETE	5.1 TITLE		7 2110	Change Addition	1
NAME	ROOP; KIL J		5.2 NAME			• <u></u>	
STREET ADDRESS	1250 ELICHD AVE-		5.3 STREET	ADDRESS			1
CITY-ST-ZIP	ALET MYFOR FL 23017		5.4 CITY-S				1
TITLE	THE THIELD I L'OUDIT	DELETE	6.1 TITLE			Change Addition	Н
NAME			6.2 NAME	{			1

14. Ido 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 annual report or supplemental annual 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 12 or Block 13 if changed, or or mattachment with an address. e/12/11

6.3 STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE REQUIRED