## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

1998 DOCUMENT #

T# N15185

(4)

THE KOREAN COMMUNITY CHURCH OF FT. MYERS, INCORP

Principal Place of Business Mailing Address 1529 LAUREL DR 1529 LAUREL DR 3. Date Incorporated or Qualified N FT MYERS FL 33917 N FT MYERS FL 33917 05/30/1986 4. FEI Number Applied For 59-2734862 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing 22 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes No 23 Zip Country Zip Country 8. This corporation owes or has paid the current year intangible 24 Personal Property Tax due June 30. ☐ Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent GLOGA INSGURBRE 81 Моод KAD KAP NAZ JO. JNNGANE Street Address (P.O. Box Number is Not Acceptable) 22568 TAMPA AVE 83 PT CHATRLOTTE FL 33952 84 City 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutas, the above-named cooffice or registered agest, or both, in the State of Florida Such change we sufficied by the conagent. I am famili OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1,1 TITLE PRD DONG, KOO S 1.2 NAME NAME 4745-8 DRANGE GROVE BLVD STREET ADDRESS 1.3 STREET ADDRESS N FT MYERS FL 33903 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition 2.1 TITLE Change TITLE NAME JO, JUNG NE 2.2 NAME 22568 TAMPA AVE STREET ADDRESS 2.3 STREET ADDRESS PT CHARLOTTE FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TSD MOON, KAP NAE 3.1 TITLE TITLE president YOUNG AN PLOUD, NAME 3.2 NAME ELDER TRESUREY BLOORADO PKWY 4523 PALM BEACH BLVD 3.3 STREET ADDRESS STREET ADDRESS 33904 FT. MYERS FL 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 4.1 TITLE TITLE T<sub>I</sub>D. 70000245334 SHIN, JA WOO 4. 2 NAME NAME -03/41/98--£11008>-003 **1801 SE 2ND TERR** 4.3 STREET ADDRESS STREET ADDRESS \*\*\*61.25 CAPE CORAL FL 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 5.1 TITLE MD TITLE Kung R 5.2 NAME NAME CHOI, BUBUS STREET ADDRESS **5.3 STREET ADDRESS** 1419 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE MD. TITLE 6.1 TITLE 6.2 NAME NAME CHO, STREET ADDRESS **6.3 STREET ADDRESS** 

14. 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 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 13 if changed, or on an attachment with an address.

6.4 City - ST - ZIP

Land Maria continue

CITY-ST-ZIP

1/13/98

**FILED** 

Mar 10 1998 8:00am

Secretary of State