NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## **DOCUMENT # N15185**

1. Corporation Name

## THE KOREAN COMMUNITY CHURCH OF FT. MYERS, INCORP ORATED

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

2. Principal Place of Business

Mailing Address

1529 LAUREL DR N FT MYERS FL 33917

2a. Mailing Address

## FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90030 046 \*\*\*\*61.25

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3. Date Incorporated or Qualifed

05/30/1986

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Suite, Apt.	#, etc.	Suite,	Apt. #, etc.					4. FEI Nut				Ap	plied For
22		27						59-27	<u>34862                                    </u>			No	t Applicable
City & Stat	e	City &	State					E Cortifor	te of Status De	cired		\$8.75	
23		28						o. Certiica	te or Status De	SHEU		Fee Re	:quired
Zip	Country	Zip		Cou	intry			6. Election	Campaign Fin	ancing		\$5.00	May Be
24	25	29	[:	30				Trust Fo	und Contribution	n	ני	Added	o Fees
	9. Name and Address of Current	Registered A	gent				1	0. Name :	and Address o	f New R	egistered	Agent	
		81 Name											
MOON	AD MAE		00 Charat Address (D.O. Bey Number in Not Acceptable)										
MOON, K			82	2 Street Address (P.O. Box Number is Not Acceptable)									
	M BEACH BLVD				83								
FI. MEYE	RS <sub>2</sub> FL 33905											. , ,	
	8				84	City			3.		FL	85 Zip (	Code
			m)	_ 46	<u> </u>			ian auhnait	this statement	for the		changing ite	registered
11. Pursuant	to the provisions of Sections 617.0502 egistered agent, or both, in the State of	and 617.1508 Florida, Such	s, Florida Statute n change was au	s, tne a thorized	bove-	патео с 1е согрог	corporat ration's	board of d	irectors. I hereb	y accep	t the appoi	ntment as re	gistered
agent. I a	m familiar with, and accept the obligation	ons of, Section	n 617.0503, Flori	da Stat	utes.	pu				- •			_
SIGNATURE	Verathe III	_											
	Signature typed or printed name of registered agent				Agent :	signature rec	quired whe	en reinstating)		TO 055	DATE	D DIDEOTE	DO 151 40
12.	OFFICERS AND	DIRECTORS		13.		т.		ADDITIC	NS/CHANGES	10 011	ICERS AN		RS IN 12 ☐ Addition
TITLE	VPD		☐ DELETE	1.1 Ti	TLE							☐ Change	☐ Additor
NAME	SE, JENG SER			1.2 N	AME								
STREET ADDRESS	351 LAKE VIEW DR			1.3 \$	TREET A	ODRESS					. ~		
CITY-ST-ZIP	N. FT. MEYERS FL 33917			1.4 C	TY-ST-	ZIP							
TITLE	TSD		☐ DELETE	2.1 T	TLE							Change	Addition
NAME	YOUNG, ANFIELD			2.2 N	AME								
STREET ADDRESS				2.3 S	TREET A	DDRESS							
CITY-ST-ZIP	CAPE CORAL FL 33904			2.40	HY-ST	.ZIP						1	
TITLE	PET		☐ DELETE	3.1 TI	TLE		<b>PZ-T</b>	. KA	of NAE Her gro	MI	DON.	Change	Addition
NAME	MOON, KAP NAE			3.2 N	AME		22		10 - 100	10. /			
STREET ADDRESS		215 0	JON AYOU	6 335	TREET A	DDRESS	221	Z KI	ver you	ت حدی	11		
	ET MYEDE EI	212 ~	cin	24.0	ITY-ST-	7ID	IT.	MYL	is El.	339	105		
CITY-ST-ZIP TITLE	FT. MYERS FL		DELETE	3.4, C		-411"		· · · ·				Change	Addition
	'-			4.21									_
NAME	SHIN, JA WOO					ODDECE							
STREET ADDRESS						ODRESS							
CITY-ST-ZIP	CAPE CORAL FL		DELETE	_	TY-ST-	ZIP						Change	Addition
TITLE	MD		A DELETE	5.1 T								CT Ammiga	L. Addisor
NAME	CHOI, AGUSTIN												
STREET ADDRESS	1 1110 0101 01 111 1011					NODRESS							
CITY-ST-ZIP	CAPE CORAL FL 33904				ITY-ST-	ZIP				***		70	
TITLE	MD		☐ DELETE	6.1 T								Change	☐ Addition
NAME	CHO, HO CHIN			6.2 N	AME								
STREET ADDRESS	516 S.E. 18TH AVE			6.3 S	TREET A	ADDRESS			-				
CITY-ST-ZIP	CAPE CORAL FL 33990		~~	6.4 C	ITY-ST-	ZIP			-, <u>-</u>	زیسوید	_ ==	- ۱۳۰۰ سنجید	
	certify that the information supplied with	this filing doe	es not qualify for	the exe	motio	n stated	in Sect	ion 119.07	(3)(i), Florida St	tatutes. I	further cer	tify that the	nformation

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 12 or Block 13 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

Jon 4499 941 694

741 694. 1372