2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2000 8:00 am
Secretary of State
03-31-2000 90095 023 ****70.00

DOCUMENT # N15185

1. Entity Name

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 33917-1830

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2734862 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MOON, KAP NAE 4523 PALM BEACH BLVD FT. MEYERS FL 33905	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SE, JENG SER 351 LAKE VIEW DR N. FT. MEYERS FL 33917	☐ Delete	* CORRECT SPELLING SE, JENG SEK	☑ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TSD YOUNG, ANFIELD 608 ELDORADA PKWY CAPE CORAL FL 33904	☐ Delete		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PET MOON, KAP NAE 3212 RIVER GROOVE CIRCLE FT. MYERS FL 33905	☐ Delete		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SHIN, JA WOO 1801 SE 2ND TERR CAPE CORAL FL	☐ Delete		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MD CHO, HO CHIN 516 S.E. 18TH AVE CAPE CORAL FL 33990	☐ Delete		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Add

12. 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Jan/15/00 (941) 997-3222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #