FILED 2001 UNIFORM BUSINESS REPORT (UBR) Mar 01, 2001 8:00 am Secretary of State DOCUMENT # N15185 1. Entity Name 03-01-2001 91340 023 ****61.25 THE KOREAN COMMUNITY CHURCH OF FT. MYERS, INCORP Principal Place of Business Mailing Address 1529 LAUREL DR 1529 LAUREL DR ~UUUZ PZZ8 N FT MYERS FL 33917 N FT MYERS FL 33917 2. Principal Place of Business 3. Mailing Address Suite, Apl. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2734862 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Streel Address (P.O. Box Number is Not Acceptable) MOON, KAP NAE 4523 PALM BEACH BLVD FT. MEYERS FL 33905 City 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. (NOTÉ: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Addition **VPD** TITLE ☐ Change TITLE Delete SE, JENG SER NAME NAME STREET ADDRESS STREET ADDRESS 351 LAKE VIEW DR CITY-ST-ZIP CITY-ST-ZIP N. FT. MEYERS FL 33917 Change TITLE TSD Delete MLE ☐ Addition NAME YOUNG, ANFIELD NAME STREET ADDRESS STREET ADDRESS 608 ELDORADA PKWY CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33904 . Delete PET TITLE Change . Addition TITLE MOON, KAP NAE NAME STREET ADDRESS STREET ADDRESS 3212 RIVER GROOVE CIRCLE CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL 33905 Change ☐ Addition TITLE TD **Delete** MILE NAME SHIN, JA WOO NAME ry sw terry STREET ADDRESS 1801 SE 2ND TERR STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP CAPE CORAL FL √**Z** Delete THE TITLE ☐ Change ☐ Addition CHO, HO CHIN NAME NAME STREET ADDRESS STREET ADDRESS 516 S.E. 18TH AVE CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33990 THE TITLE ☐ Delete Ti Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 if changed, or on an attachment with an address, with all other like empowered.

Daytime Phone #

SIGNATURE: _

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR CIRECTOR