2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State
01-30-2002 90014 023 ****61.25

DOCUMENT # N15185

1. Entity Name

THE KOREAN COMMUNITY CHURCH OF FT. MYERS, INCORP ORATED

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Same	Same.
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 Kap Nae Moon Jan 9. 02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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~~ SEK 351 LAKE VIEW DR N. FT. MEYERS FL 33917	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SE JONG SEK 351 LAKEVIEW DR. N. FT. MYERS FL. 33917	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DM ANYSZEWSKI, YONG SUN 2181 PONCE CIRCLE FORT MYERS FL 33905	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PET MOON, KAP NAE 3212 RIVER GROOVE CIRCLE FT. MYERS FL 33905	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TSD TERRY, YU SUN 4541 PALM BEACH BLVD FORT MYERS FL 33905	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MD CHO, HO CHIN 516 S.E. 18TH AVE CAPE CORAL FL 33990	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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.

SIGNATURE: Kap Nae Moon SIGNATURE REQUIRED 941.694.1356
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #