6 2000 UNIFORM BUSINESS REPÓRT (UBR) FILED Jul 13, 2000 8:00 am Secretary of State **DOCUMENT # N22535** 1. Entity Name ASSEMBLY OF GOD KOREAN CHURCH OF LAKELAND. INC. 06-13-2000 90054 017 ****61.25 Principal Place of Business Mailing Address 1333 E. MAIN STREET 1333 E. MAIN STREET LAKELAND FL 33801 LAKELAND FL 33801-5714 us 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 59-2838358; Not-Applicable: ميون تاريخ Country \$8.75 Additional Zìp Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name -Street Address (P.O. Box Number is Not Acceptable) REESE, JONG 0 4527 WARING RD LAKELAND FL 33811 Zip Code Clh 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. 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 11. 10. Delete ☐ Change ☐ Addition TITLE 8 TITLE REESE, JONG OCK NAME NAME E:337 STREET ADDRESS STREET ADDRESS 4527 WARING RD CITY-ST-ZIP CITY-ST-ZIP Lakeland fl Addition ☐ Change TITLE Delete TITLE MCDOWELL, GLORIA S. NAME. NAME. STREET ADDRESS STREET ADDRESS 6402 SHADOWBROOK LN CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33813 ☐ Addition ☐ Change Delete TITLE TITLE NAME MORGAN, HWA SUN NAME STREET ADDRESS STREET ADDRESS 1244 WATERVIEW BLVD CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL ☐ Addition ☐ Change ☐ Delete TITI F TITI F NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE 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.

NAME

STREET ADORESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

☐ Delete

5/12/00

Daysime Phone

Change

Addition