

**NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90028 034 ****70.00

DOCUMENT # **122535**

1. Entity Name
**Assembly of God Korean Church
of Lakeland, Inc.**



DO NOT WRITE IN THIS SPACE

40000892

2. Principal Place of Business - No P.O. Box #
1333 E. Main St.
Suite, Apt. #, etc.

3. Mailing Address
4527 Waring Road
Suite, Apt. #, etc.

CR2E037B (5/07)

City & State
Lakeland, FL

City & State
Lakeland, FL

4. FEI Number
59-2838358

Applied For
Not Applicable

Zip
33801
Country
Polk

Zip
33811
Country
Polk

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25
Initial or Amended AR**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Jong O. Reese
4527 Waring Road
Lakeland, FL 33811**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Tae Bun Shin
1170 Havendale Blvd
Winter Haven, FL 33881**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Sun Ok Kelly
1969 Crystal Grove Dr.
Lakeland, FL 33801**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 on an attachment with an address, with all other like empowered

SIGNATURE:

Jong O. Reese

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-08

Date

Daytime Phone #