2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Apr 15, 2005 8:00 am Secretary of State DOCUMENT # N28431 04-15-2005 90061 047 ****70.00 ASSÉMBLY OF GOD KOREAN CHURCH OF FORT MYERS, INC. Principal Place of Business Mailing Address PAGEFIELD POSTAL STORE PARM CITY EXECUTIVE CNTR. 2502 SECOND ST., STE. 101 PO BOX 60125 FORT MYERS, FL 33906 FORT MYERS, FL 33901 US 2. Principal Place of Business 3. Mailing Address 080x61024 2243 Flowler Suite, Apt. #, etc 03162005 Chg-NP CR2E037 (10/03) Fort Myer HOLE Myers 4. FEI Number 59-2897639 Applied For City & State City & State Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6.- Name and Address of Current Registered Agent 10 N Suh CHOI, HYUANG G Street Address (P.O. Box Number is Not Acceptable) 9838 BERNWOOD PLACE DR #114 FORT MYERS, FL 33912 9062 Drospenty Zip Code 33G 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 a peep the obligations of registered ager 1/0/2/05 SIGNATURE of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.23 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. PD Delete TILE ☐ Change ■ Addition TITLE CHOI, HYUNG GUN CHOI, HYUNG GUM NAME NAME 9838 BERNWOOD DR #114 STREET ADDRESS STREET ADDRESS 5361 Hawk's Landing DV# 201 CITY-ST-ZIP FORT MYERS, FL 33812 CITY-ST-ZIP TD ☐ Addition □ Delete TITLE NAME SUH, WON NAME SH SUH, WON 13601 PARKCRAT DR STREET ADDRESS STREET ADDRESS 9062 prosper CITY-ST-ZIP FORT MYERS, FL 33912 CITY-ST-ZIP mīLE Change Addition TITLE Delete NAME SHIN, JA WOO NAME STREET ADDRESS 1801 SE 2ND TER STREET ADDRESS BOISE ZNDTER CITY-ST-ZIP CAPR CORAL, FL 33990 CITY-ST-ZIP TITLE □ Delete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Defete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TTLE ☐ Delete TITI F ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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^{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.