2004 NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N29166

1. Entity Name

KOREAN BAPTIST CHURCH OF GAINESVILLE, INC.



FILED
Aug 02, 2004 08:00 AM
Secretary of State

Principal Place of Business

5200 SW 63RD BLVD GAINESVILLE, FL 32608 Mailing Address

5200 SW 63RD BLVD GAINESVILLE, FL 32608





07122004 No Chg-NP

CR2E037 (10/03)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SOHN, HEE Y 5200 NW 63RD BLVD GAINESVILLE, FL 32608

DO NOT WRITE IN THIS SPACE

			5. 7.0-		
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	gent slighatun	réquired when reinstating)	DATE
۵	Filing Fee is \$61.25 ue by September 8, 2004	Election Campaign Financ Trust Fund Contribution.	ing	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS GITY-ST-ZIP	CTR HWANG, CHOONGWOONG 3611 NW 61ST PL GAINESVILLE, FL 32653				U00000169130 08/02/04-80011-012 70.00
TITLE NAME SIREET ADDRESS CITY-ST-ZIP	T KWAK, BEOMJUN 9218 SW 21ST AVENUE GAINESVILLE, FL 32608				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TTR KIM, HEEWON 8416 SW 62ND LANE GAINESVILLE, FL 32608			DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR KIM, SANG-BUM 5500 SW ARCHER RD. APT M101 GAINESVILLE, FL 32608				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS GRY-ST-ZIP					

12. I hereby certily that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tiate

Daytime Phone #