

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2006 8:00 am
Secretary of State

02-27-2006 90094 042 ****61.25

66003310



1st MOORE CR2E037 (10/05)

DOCUMENT # N35983 1. Entity Name KOREAN IMMANUEL MISSION CHURCH, INC.					
Principal Place of Business 2200 N UNIVERSITY DR HOLLYWOOD FL 33024 US			Mailing Address 2200 N UNIVERSITY DR HOLLYWOOD FL 33024 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0168527 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PARK, MOSES Y 16420 NW 18TH ST PEMBROKE PINES FL 33028			7. Name and Address of New 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature is required when renouncing) DATE</small>					
FILE NOW - FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PARK, MOSES Y		NAME		
STREET ADDRESS	16420 NW 18TH ST		STREET ADDRESS		
CITY - ST - ZIP	PEMBROKE PINES FL 33028		CITY - ST - ZIP		
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	IRAHETA, SUN H		NAME		
STREET ADDRESS	519 NW 130TH WAY		STREET ADDRESS		
CITY - ST - ZIP	PEMBROKE PINES FL 33028		CITY - ST - ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHA, KYUNG CHANG		NAME		
STREET ADDRESS	14218 NW 18TH MANOR		STREET ADDRESS		
CITY - ST - ZIP	PEMBROKE PINES FL 33028		CITY - ST - ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PARK, SAM		NAME		
STREET ADDRESS	4410 E SENECA AVE		STREET ADDRESS		
CITY - ST - ZIP	WESTON FL 33332		CITY - ST - ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YU, HUN CHANG		NAME		
STREET ADDRESS	5079 WATEREDGE WAY		STREET ADDRESS		
CITY - ST - ZIP	COOPER CITY FL 33330		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 exemptions contained in Section 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>SUN IRAHETA</i>			3/10/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		