


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2008 08:00 AM
Secretary of State

DOCUMENT # N35983 1. Entity Name KOREAN IMMANUEL MISSION CHURCH, INC.	
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Principal Place of Business 2200 N UNIVERSITY DR HOLLYWOOD FL 33024 US	Mailing Address 2200 N UNIVERSITY DR HOLLYWOOD FL 33024 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/07)

4. FEI Number 65-0168527	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PARK, MOSES Y 8715 BUCKSKIN MANOR DAVIE FL 33328	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 _____ DATE _____

Signature typed or printed name of registered agent (not applicable) (NOTE: Registered Agent signature required when in standing)

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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	<input type="checkbox"/> Delete P PARK, MOSES Y 16420 NW 18TH ST PEMBROKE PINES FL 33028
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete S IRAHETA, SUN H 519 NW 130TH WAY PEMBROKE PINES FL 33028
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete T CHA, KYUNG CHANG 14218 NW 18TH MANOR PEMBROKE PINES FL 33028
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete T PARK, SAM 4410 E SENECA AVE WESTON FL 33332
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete T YU, HUN CHANG 5079 WATEREDGE WAY COOPER CITY FL 33330
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Sun Iraheta* SUN IRAHETA Secretary 1/24/08 954 499 0771