

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N37833 (3)

1. Corporation Name

KOREAN CATHOLIC MISSION OF TAMPA, INC.

Principal Place of Business

3412 W IDLEWILD AVE
TAMPA FL 33714
US

Mailing Address

1645 ELK SPRING DR
BRANDON FL 33511
US



3. Date Incorporated or Qualified
04/24/1990

3a. Date of Last Report
03/23/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **5115 Arbor Pointe Cir**

22 City & State

27 Suite, Apt. #, etc.

23 Zip

Country

28 **TAMPA FL**

24 Zip

Country

29 **33617 US**

4. FEI Number
59-2995296

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHIN, JENNIFER
1645 ELKSPRING DR
BRANDON FL 33511**

81 Name **CHANG G. JANG**

82 Street Address (P.O. Box Number is Not Acceptable)

5115 Arbor Pointe Cir

83 **APT #526**

84 City **TAMPA**

FL 85 Zip Code **33617**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Jang Chang G.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-30-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE
NAME **LEE, JAE H**
STREET ADDRESS **16211 SAWGRASS CIRCLE**
CITY-ST-ZIP **TAMPA FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **SD** ☐ DELETE
NAME **EVKIM, JUNG**
STREET ADDRESS **3350 W HILLSBOROUGH AVE APT 512**
CITY-ST-ZIP **TAMPA FL**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE **TD** ☐ DELETE
NAME **SHIN, JENNY**
STREET ADDRESS **1645 ELKSPRING DR**
CITY-ST-ZIP **BRANDON FL**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE **VP** ☐ DELETE
NAME **KIM, JONG T**
STREET ADDRESS **9056 QUAL CREEK DR**
CITY-ST-ZIP **TAMPA FL**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jang Chang G.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-96 (813) 278-2790

Date

Daytime ()

CR2E037 (12/95)