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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N37833

1. Corporation Name

KOREAN CATHOLIC MISSION OF TAMPA, INC.

Principal Place of Business

3412 W IDLEWILD AVE
TAMPA FL 33714
US

Mailing Address

16417 LAKE HEATHER DR
TAMPA FL 33618
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

04/24/1990

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

9. Name and Address of Current Registered Agent

HONG, ANTHONY
16417 LAKE HEATHER DRIVE
TAMPA FL 33618

10. Name and Address of New Registered Agent

81 Name

BONGSAM CHOI

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

83

4922 AUGUSTA AVE

84 City

OLDSMAR

FL

85 Zip Code
34677

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/29/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D LEE, JAE H
STREET ADDRESS 16211 SAWGRASS CIRCLE
CITY-ST-ZIP TAMPA FL 33624

TITLE ☐ DELETE

NAME D KIM, BYUNG IL
STREET ADDRESS 5418 DEERBROOKE CREEK CIRCLE 15
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

NAME TD HONG, ANTHONY
STREET ADDRESS 16417 LAKE HEATHER DR
CITY-ST-ZIP TAMPA FL 33618

TITLE ☐ DELETE

NAME P KIM, JONG T
STREET ADDRESS 9056 QUAL CREEK DR
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

NAME D GRIMSON, JASEY
STREET ADDRESS 3308 LA HABRA CT
CITY-ST-ZIP TAMPA FL 33614

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/29/99 784-8796

CR2E037 (11/98)