

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N38700** (3)
1. Corporation Name
WORLD MARTIAL ARTS RESEARCH FOUNDATION, INC.



Principal Place of Business % AMERICAN TAEKWON-DO FEDERATION, INC. 1630 EAST COLONIAL DRIVE ORLANDO FL 32803	Mailing Address % AMERICAN TAEKWON-DO FEDERATION, INC. 1630 EAST COLONIAL DRIVE ORLANDO FL 32803
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3. Date Incorporated or Qualified
06/13/1990

4. FEI Number
59-2991614

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AMERICAN TAEKWON-DO FEDERATION, INC.
1630 EAST COLONIAL DRIVE
ORLANDO FL 32803**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PSD** ☐ DELETE
NAME **KIM, YOUNG KUN**
STREET ADDRESS **1630 EAST COLONIAL DRIVE**
CITY-ST-ZIP **ORLANDO FL**

1.1 TITLE **C** ☒ Change ☐ Addition
1.2 NAME **Kim, Young Kun**
1.3 STREET ADDRESS **1630 E. Colonial Dr.**
1.4 CITY-ST-ZIP **Orlando, FL 32803**

TITLE **VTD** ☒ DELETE
NAME **KIM, SONJA**
STREET ADDRESS **1630 EAST COLONIAL DRIVE**
CITY-ST-ZIP **ORLANDO FL**

2.1 TITLE **PSTD** ☒ Change ☒ Addition
2.2 NAME **McCarthy, Tim**
2.3 STREET ADDRESS **1630 E. Colonial Dr.**
2.4 CITY-ST-ZIP **Orlando, FL 32803**

TITLE **D** ☐ DELETE
NAME **MCCARTHY, TIM**
STREET ADDRESS **1630 E. COLONIAL DR**
CITY-ST-ZIP **ORLANDO FL**

3.1 TITLE **V** ☐ Change ☒ Addition
3.2 NAME **Winkle, Keith**
3.3 STREET ADDRESS **10825 Midlothian Tpk. #105**
3.4 CITY-ST-ZIP **Richmond, VA 23236**

TITLE **D** ☐ DELETE
NAME **POWELL, ALBERT**
STREET ADDRESS **1924 BERING AVE**
CITY-ST-ZIP **WINTER PARK FL**

4.1 TITLE **D** ☐ Change ☐ Addition
4.2 NAME **Powell, Albert**
4.3 STREET ADDRESS **(same)**
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **McLaughlin, John**
5.3 STREET ADDRESS **1630 E. Colonial Dr.**
5.4 CITY-ST-ZIP **Orlando, FL 32803**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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.

SIGNATURE:

Tim McCarthy **Tim McCarthy** 4/30/98 (407) 895-3653

CR2E037 (10/97)