

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 25, 1999 8:00 am
Secretary of State

03-25-1999 90007 045 ****61.25

DOCUMENT # N38700

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



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

06/13/1990

4. FEI Number

59-2991614

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

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

TITLE ☐ DELETE
NAME **C**
STREET ADDRESS **KIM, YOUNG KUN**
CITY-ST-ZIP **1630 EAST COLONIAL DRIVE**
ORLANDO FL 32803

TITLE ☐ DELETE
NAME **PSTD**
STREET ADDRESS **MCCARTHY, TIM**
CITY-ST-ZIP **1630 E COLONIAL DRIVE**
ORLANDO FL 32803

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

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

TITLE ☐ DELETE
NAME **V**
STREET ADDRESS **WINKLE, KEITH**
CITY-ST-ZIP **10825 MIDLOTHIAN TPK #105**
RICHMOND VA 23236

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **MCLAUGHLIN, JOHN**
CITY-ST-ZIP **1630 E COLONIAL DRIVE**
ORLANDO FL 32803

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 Y.K. Kim

2/2/99 (407) 897-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)