2007-NOT-FOR-PROFIT CORPC

SIGNATURE:

## DOCUMENT # N38872 FILED KEYSTONE KOREAN BAPTIST CHURCH, INC. 07 JUN 11 AM 11:52 TALL AHASSEE, FLORIDA Principal Place of Business Mailing Address KEYSTONE KOREAN BAPTIST CHURCH 7029 VAN DYKE RD 7029 VAN DYKE RD. ODESSA, FL 33556 ODESSA, FL 33556 2. Principal Place of Business - No P.O. KEYSTONE Korem Mailing Address DYKE Rd REINSTATEMENT Suite, Apt. #, etc. Suite, Apt. #, etc. 1029 VAN City & State FEI Number 59-3039421 FLNot Applicable \$8.75 Additional lis Boroust 5. Certificate of Status De Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KIM. SEI BOK 7029 VAN DYKE RD. Street Address (P.O. Box Number is Not Acceptable) ODESSA, FL 33556 City 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 ఠ SIGNATURE typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required w Make check payable to In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$122.50 Florida Department of State corporation did not receive the prior notice. OFFICERS AND DIRECTORS ADDITIONS/CHANGES AS AND DIRECTORS IN 10 10. PD TITLE ☐ Delete TITLE ☐ Change Addition NAME KIM SELB NAME STREET ADDRESS 5860 39TH AVEN.N STREET ADDRESS CITY-ST-ZIP ST PETERSBURG, FL 33709 CITY-ST-2IP HONG STANTAGO Delete Change Addition TITLE TITLE SHIN, ON JUN NAME NAME 2041 Oleander Lakes Ar STREET ADDRESS 5901 59 WAY NO STREET ADDRESS BRANDON, FL. 33511 CITY-ST-ZIP ST PEER\$BURG, FL CITY-ST-ZIP TITLE ☐ Change **Addition** TITLE ☐ Delete RIM, LAK S NAME STREET ADDRESS 4731 JOWA AVE STREET ADDRESS TAMPATEL 33616 CITY-ST-ZIP CUTTESTEZIP TITLE Addition TITLE MTD ☐ Delete 913 Rawlings Cir KIM, EUN BOK NAME NAME STREET ADDRESS 18326 CYPRESS STAND CIR STREET ADDRESS LUTC IL 33549 TAMPA, FL 33641 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition SHIN, BUM SOO NAME NAME 130m 500 14001 WALDEN SHEFFIELD RD STREET ADDRESS STREET ADDRESS CITY-ST-7IP **DOVER, FL 33527** CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME 500104456045 STREET ADDRESS STREET ADDRESS 06/18/07--01008--003 CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.