


FILE NOW: FILING FEE IS \$61.25

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Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90226 046 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N42683					
1. Corporation Name MIAMI FIRST KOREAN BAPTIST CHURCH, INC.					
Principal Place of Business 201 N. UNIVERSITY DR CORAL SPRINGS FL 33077			Mailing Address 2600 SW 85TH AVE DAVIE FL 33328-1206 8915 WOODSIDE CT. DAVIE, FL. 33328-6745		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 03/26/1991 4. FEI Number 65-0243837 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent LEE PAUL CHONGSANG DR MIAMI FIRST KOREAN BAPTIST CHURCH INC 2600 SW 85TH AVE DAVIE FL 33328-1206			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Not Acceptable) 83 84 City FL 85 Zip Code		
1. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY-STATE-ZIP PT LEE, PAUL CHONGSANG DR. PAUL C. LEE 8915 WOODSIDE CT. DAVIE, FL. 33328 <i>Change add. →</i>			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP		
5. TITLE <input type="checkbox"/> DELETE 6. NAME 7. STREET ADDRESS 8. CITY-STATE-ZIP ST YOON, EUNG S 8915 Woodside Ct DAVIE FL. 33328 <i>Change add. →</i>			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP		
9. TITLE <input type="checkbox"/> DELETE 10. NAME 11. STREET ADDRESS 12. CITY-STATE-ZIP T LEE, GRACE I 8915 Woodside Ct DAVIE FL. 33328 <i>Change add. →</i>			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP		
13. TITLE <input type="checkbox"/> DELETE 14. NAME 15. STREET ADDRESS 16. CITY-STATE-ZIP			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP		
17. TITLE <input type="checkbox"/> DELETE 18. NAME 19. STREET ADDRESS 20. CITY-STATE-ZIP			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP		
21. TITLE <input type="checkbox"/> DELETE 22. NAME 23. STREET ADDRESS 24. CITY-STATE-ZIP			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP		

CR2E037 (11/98)

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 #