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## **2000 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # N43206 1. Entity Name

SIGNATURE:

FT. PIERCE KOREAN BAPTIST CHURCH, INC.

## FILED Jan 26, 2000 8:00 am Secretary of State

|  |   | •  |  |  |                     |   | 01   | -26-20                 | 00 9004                               | 47 035 1                | 61.25             |                           |
|--|---|--|--|--|---------------------|---|--|------------------------|---------------------------------------|-------------------------|-------------------|---------------------------|
| Principal Plac   | ce of Busines                           | s  | Mailing Address  |  |                     |   | •  |                        |                                       |                         |                   |                           |
| FT. PIERCE KOREAN BAPTIST CHURCH<br>1201 KAUFMAN AVENUE<br>FT. PIERCE FL 34950<br>US |   | 1201 KAUFMAN AVE<br>FT. PIERCE FL 34950-6544<br>US |  |  |                     | )   |  | 1 <b>1</b> (1811 881   | <b>4 6</b> 141 <b>6</b> 1511 <b>8</b> | inic hinci albic acc    | iis Bibli ibal    |                           |
| 2. Principal Place of Business   |   |  | 3. Mailing Address   |  |                     |   |  |                        |                                       |                         |                   |                           |
| Suite, Apt. #, etc.  |   |  | Suite, Apt. #, etc.  |  |                     | DO NOT WRITE IN THIS SPACE                    |  |                        |                                       |                         |                   |                           |
| City & State   |   |  | City & State   |  |                     | 4. FEI Number   Applied For   Not Applied for |  |                        |                                       |                         |                   |                           |
| Zip Country  |   |  | Zip Country  |  |                     | ر چه معجور                                    | 5. Certificate of Status Desired   |                        |                                       |                         |                   |                           |
| <del></del>  | 6 Name                                  | and Address of Current F                           | Registered Agent   | <u> </u>   |                     |   | 7. Name and A  | Address                | of New F                              | Registered              |                   |                           |
| HU, YOUNG C<br>3044 SE DARIEN RD<br>PORT ST. LUICE FL 34952                          |   |  | Agent  | 7. Name and Address of New Registered Agent  Name  KIM JONE SOON  Street Address (P.O. Box Number is Not Acceptable)  II92 CLIFTON LAWE  City Acceptable |                     |   |  |                        |                                       |                         |                   |                           |
|  |   |  |  |  | C'', C              | 001   | ST. LUCI   | 7                      |                                       | F                       | L   340           | ž 62                      |
| 8. The above   |   | y submits this statement for                       | the purpose of changing its                                    | Cir  |                     | ·   | ed agent, or both  | n, in the s            | tate of Flo                           | orida.<br>11 /g<br>DATE | 002               |                           |
| FILE NOW:<br>FEE IS \$61.25  |   |  | 9. Election Campaign Financing \$5.0  Trust Fund Contribution. |  |                     |   | Make Check Payable to d to Fees  Make Check Payable to Department of State |                        |                                       |                         |                   |                           |
| 10.  |   | OFFICERS AND DIR                                   | ECTORS   | 11.  |                     | -   | ADDITIONS/CHA  | NGES T                 | OFFICE                                | RS AND I                | DIRECTORS IN      | J 10                      |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | TD<br>DURR, SE<br>175 RIVER<br>VERO BEA |  | ☐ Delete   |  | T ADDRESS<br>ST-ZIP |   |  |                        | _                                     |                         | ☐ Change          | Addition                  |
| TITLE NAME STREET ADDRESS  | SD<br>HU, YOUN                          |  | ☐ Delete   | TITLE<br>NAME  |                     |   |  | Ţ.                     | -                                     |                         | Change            | Addition                  |
| CITY-ST-ZIP  | PORT ST.                                |  |  | CITY-S   |                     |   |  |                        |                                       |                         |                   |                           |
| NAME STREET ADDRESS CITY-ST-ZIP  |   | TON LANE   | . Li Delete  |  | T ADDRESS<br>ST-ZIP |   |  |                        |                                       |                         | ∐ Change          | Addition                  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | PURI SAI                                | NT LUCIE FL 34983                                  | ☐ Delete   | TITLE<br>NAME  | T ADDRESS           | PID<br>SS<br>F                                | HOE, YOU<br>9 VIREJA<br>FORT PIER  | ING<br>ING<br>CE       | E<br>BARX<br>FL3                      | 13W                     | ☐ Change          | <b>⊠</b> Additio          |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | ,                                       |  | ☐ Delete   | TITLE<br>NAME<br>STREET  | T ADDRESS           |   |  |                        |                                       |                         | ☐ Change          | Addition                  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |  | ☐ Delete   | TITLE  | T ADDRESS           |   | *  |                        |                                       |                         | ☐ Change          | ☐ Additior                |
| 12: I hereby   | certify that the<br>I on this repor     | e information supplied with                        | this filing does not qualify for true and accurate and that m  | the exem   | nption sta          | ted in Se                                     | ction 119.07(3)(i)   | , Florida<br>as if mad | Statutes.                             | I further c             | ertify that the i | nformation<br>or director |

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR