2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

SIGNATURE:

FILED DOCUMENT # N43206 05 MAY -3 AM 8: 37 FT. PIERCE KOREAN BAPTIST CHURCH, INC. SECRETARY OF STATE Principal Place of Business Mailing Address 1201 KAUFMAN AVE. 1201 KAUFMAN AVE FORT PIERCE, FL 34950 FORT PIERCE, FL 34950 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04052005 Chg-NP CR2E037 (10/03) Applied For City & State City & State 4. FEI Number 65-0374790 Not Applicable \$8.75 Additional Zip Country Zíp Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HU, YOUNG CHEAL 3044 SE DARIEN RD. Street Address (P.O. Box Number is Not Acceptable) PORT SAINT LUCIE, FL 34952 City Zip Code FL 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 registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. DIRE TITLE TITLE Delete Change ☐ Addition HU. YOUNG CHEAL NAME NAME 3044 SE DARIEN RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PORT SAINT LUCIE, FL 34952 CITY-ST-ZIP Defete X Change TITLE TITLE Addition NAME KIM, JONG SOON NAME NW Rebecca Ave 1192 CLIFTON LANE STREET ADDRESS STREET ADDRESS 7634982 CITY-ST-Z#P PORT SAINT LUCIE, FL 34983 CITY-ST-ZIP TRAD Delete TITLE Change Change Addition KENNEDY, YONG S NAME NAME STREET ADDRESS 1080 SW VERSAILLES AVE. STREET ADDRESS N 516T 2000 50 CITY-ST-ZIP PORT SAINT LUCIE, FL 34953 CITY-ST-ZIP TITLE ☐ Detete TITLE Change Addition Fres NAME NAME OK Dowg. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 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. Song, Son Hac 04/28