


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90019 025 \*\*\*\*61.25

**DOCUMENT # N43206**

1. Entity Name  
**FT. PIERCE KOREAN BAPTIST CHURCH, INC.**



Principal Place of Business      Mailing Address

**1201 KAUFMAN AVE.  
 FORT PIERCE FL 34950  
 US**

**1201 KAUFMAN AVE.  
 PORT SAINT LUCIE FL 34950  
 US**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**1201 Kaufman Ave**

1st MOORE      CR2E037 (10/07)

City & State      City & State

**Fort pierce FL**

Zip      Country      Zip      Country

**34950**

4. FEI Number      Applied For

**65-0374790**      Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**GLENN J. WEBBER, ESQUIRE  
 729 SOUTH FEDERAL HIGHWAY, SUITE 210  
 STUART FL 34994**

**7. Name and Address of New Registered Agent**

Name

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

City      **FL**      Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

**FILE NOW - FEE IS \$61.25**  
**Due By May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.            \$5.00 May Be Added to Fees

**Make Check Payable to Florida Department of State**

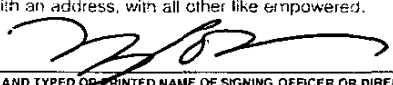
**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	CHOI, YOUNG Y	
STREET ADDRESS	2549 SW WESTFIELD ST	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34953	
TITLE	TD	<input type="checkbox"/> Delete
NAME	YUN, SONG S	
STREET ADDRESS	326 NW REBEECA AVE	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34983	
TITLE	SD	<input type="checkbox"/> Delete
NAME	YUN, KUM SUL	
STREET ADDRESS	326 NW REBEECA AVE	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34953	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:  **Young Choi**      3/10/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR