

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2003 8:00 am
Secretary of State

06-04-2003 90098 043 ****66.25

DOCUMENT # N43206

1. Entity Name

FT. PIERCE KOREAN BAPTIST CHURCH, INC.



Principal Place of Business

**FT. PIERCE KOREAN BAPTIST CHURCH
1201 KAUFMAN AVENUE
FT. PIERCE FL 34950
US**

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0374790**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KIM, JONG SOON
1192 CLIFTON LANE
PORT SAINT LUCIE FL 34983**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **TD** ☒ Delete
NAME: **YOO, SOON YOUNG**
STREET ADDRESS: **2537 S E ALOFONSO AVE**
CITY-ST-ZIP: **PORT SAINT LUCIE FL 34952**

TITLE: **PD** ☒ Change ☐ Addition
NAME: **CHOI, YOUNG YI**
STREET ADDRESS: **2549 S.W. Westfield St**
CITY-ST-ZIP: **Port St Lucie, FL 34953**

TITLE: **SD** ☐ Delete
NAME: **HU, YOUNG C.**
STREET ADDRESS: **3044 SE DARIEN RD.**
CITY-ST-ZIP: **PORT ST. LUCIE FL**

TITLE: **TD** ☐ Change ☒ Addition
NAME: **YUN, SUNG SOON**
STREET ADDRESS: **326 N.W. Rebecca Ave**
CITY-ST-ZIP: **Port St. Lucie, FL 34983**

TITLE: **D** ☐ Delete
NAME: **KIM, JONG SOON**
STREET ADDRESS: **1192 CLIFTON LANE**
CITY-ST-ZIP: **PORT SAINT LUCIE FL 34983**

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: **PID** ☒ Delete
NAME: **CHOI, YOUNG YI**
STREET ADDRESS: **89 VIRGINIA PARK BLVD**
CITY-ST-ZIP: **FORT PIERCE FL 34947**

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE

5-28-03 112) 466-1478

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/02)