FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 PM 12:08

DOCUMENT # N44306 (1)

1. Corporation Name
ABBA MISSION CHURCH, INC.

Principal Place of Business	Mailing Address
9610 ATHENIA DRIVE UNIT 28-3B, BOX 9 CITRUS SPRINGS FL 32630 US	9610 ATHENIA DRIVE UNIT 28-3B, BOX 9 CITRUS SPRINGS FL 32630 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/10/1991
3a. Date of Last Report: 02/25/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

EGAN, CHRIS S.
208 W. PENNSYLVANIA AVENUE
DUNNELLON FL 32630

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	PARK, KYUNG SHIK	1.2 NAME	PARK, KYUNG SHIK	
STREET ADDRESS	177 RUTGERS EAST	1.3 STREET ADDRESS	6733 N FOXDALE DR	
CITY-ST-ZIP	ORANGEBURG NY	1.4 CITY-ST-ZIP	CITRUS SPRINGS FL 34434	
TITLE	VD	2.1 TITLE	VD	☐ Change ☐ Addition
NAME	KIM, MYUNG SOOK	2.2 NAME	KIM, MYUNG SOOK	
STREET ADDRESS	6733 N FOXDALE DR	2.3 STREET ADDRESS	6733 N FOXDALE DR	
CITY-ST-ZIP	CITRUS SPRINGS FL	2.4 CITY-ST-ZIP	CITRUS SPRINGS FL 34434	
TITLE	STD	3.1 TITLE	STD	☑ Change ☐ Addition
NAME	PARK, IL YEONG	3.2 NAME	PARK, IL YEONG	
STREET ADDRESS	6733 N FOXDALE DR	3.3 STREET ADDRESS	516 DALMIA CEIA PT	
CITY-ST-ZIP	CITRUS SPRINGS FL	3.4 CITY-ST-ZIP	INVERNESS FL 34450	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Kyung Shik Park JAN 26 1995 (904) 465-7345
Must be typed or printed name of officer or director — Date — Daytime Phone #

0084709