

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Jul 18, 2008 8:00 am  
Secretary of State**

07-18-2008 90013 008 \*\*\*\*61.25

**DOCUMENT # N47504**

1. Entity Name <b>KOREAN CENTRAL BAPTIST CHURCH OF MELBOURNE, INC.</b>		
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Principal Place of Business <b>2177 MEADOWLANE AVENUE WEST MELBOURNE, FL 32904</b>	Mailing Address <b>2177 MEADOWLANE AVENUE WEST MELBOURNE, FL 32904</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>CHUNG, JOHN 2177 MEADOWLANE AVE WEST MELBOURNE, FL 32904</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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

<b>Filing Fee is \$61.25 Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to <b>Florida Department of State</b>																								
10. OFFICERS AND DIRECTORS																										
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*07/14/08*

Date Daytime Phone #