


2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

09 AUG 18 PM 12: 55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N47504		
1. Entity Name KOREAN CENTRAL BAPTIST CHURCH OF MELBOURNE, INC.		

Principal Place of Business 2177 MEADOWLANE AVENUE WEST MELBOURNE, FL 32904	Mailing Address 2177 MEADOWLANE AVENUE WEST MELBOURNE, FL 32904
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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



07082008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3133968	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CHUNG, JOHN 2177 MEADOWLANE AVE WEST MELBOURNE, FL 32904	
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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 Cho Sang Rae 08/09/2009
(Signature, typed or printed name of registered agent and new if applicable) (NOTE: Registered Agent Signature required when changing) DATE

Filing Fee is \$61.25 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHUNG, JOHN <u>Cho Sang Rae</u> <input type="checkbox"/> Delete 2179 MEADOW LANE AVE. MELBOURNE, FL 32904	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 08/18/09--01034--001 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, CHONG <input checked="" type="checkbox"/> Delete 606 LAKE GEORGE DR. MELBOURNE, FL 32960	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100159704851 08/18/09--01034--001 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Dr. John Chung Cho Sang Rae
(Signature AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR) (Date) (Daytime Phone #)