2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 15, 2000 8:00 am Secretary of State **DOCUMENT # N47843** 1. Entity Name KOREAN REFORMED PRESBYTERIAN CHURCH. INC. 03-15-2000 90077 005 ****61.25 Principal Place of Business Mailing Address 347 PATICA RD. N.E. 347 PATIÇA RD. N.E. ST. PETERSBURG FL 33702 ST. PETERSBURG FL 33702-3857 NUUZUPUK 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3101660 Not Applicable Zip Zipi Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BAK, SUNG J 3702 W. KENNEDY BLVD. **TAMPA FL 33609** City 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing FILE NOW: \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TO Addition TITLE ☐ Delete TITLE PD J. Bak BAK, SUNG J NAME NAME Sun& 347 Patica Rd. NE STREET ADDRESS STREET ADDRESS 347 PATICA RD. N.E. St. petc. FL 37102 CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33702 ☐ Change ☐ Addition SD Delete TITLE WON BOK Bak NAME WON BOK, BAK NAME 341 Patica Rd. N.E STREET ADDRESS STREET ADDRESS 347 PATICA RD. NE St. Pete FL 33702 City-St-ZIP CITY-ST-ZIP ST PETERSBURG FL 33702 ☐ Change Addition ☐ Delete TITLE TITLE TD SHIN, JEOUNG G NAME NAME Shin. JEOUNG. 8461 waverly RON. STREET ADDRESS STREET ADDRESS 1421 S.W. 27TH AVE #206 CITY-ST-7IP CITY-ST-ZIP OCALA FL 34474 ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 REGISTRATOR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR