

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

**FILED**  
**Jul 11, 2003 8:00 am**  
**Secretary of State**

0004599

**DOCUMENT # N49716**

1. Entity Name

**KOREAN - AMERICAN UNITED METHODIST CHURCH OF ORL  
ANDO, INC.**



07-11-2003 90055 021 \*\*\*\*61.25

Principal Place of Business

**1224 26TH ST  
ORLANDO FL 32805  
US**

Mailing Address

**1224 26TH ST  
ORLANDO FL 32805  
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 **59-3141093**

☒ 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

**HWANG, HYO NAM  
1224 26TH ST  
ORLANDO FL 32805-5437**

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  
After September 10, 2003, min will be \$236.25**

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 **D** ☐ Delete  
NAME **CHOE, YOUNG C**  
STREET ADDRESS **597 SABAL LAKE DR 105**  
CITY-ST-ZIP **LONGWOOD FL 32746**

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

TITLE **D** ☐ Delete  
NAME **NO, IN H**  
STREET ADDRESS **1516 MAGNOLIA RD**  
CITY-ST-ZIP **APOKA FL 32703**

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

TITLE **D** ☐ Delete  
NAME **SIN, DONG P**  
STREET ADDRESS **1005 EAGENS CREEK CT**  
CITY-ST-ZIP **OVIDO FL 32765**

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

TITLE **D** ☐ Delete  
NAME **LEE, CHUNG O**  
STREET ADDRESS **2632 ATTLEBORO PLACE**  
CITY-ST-ZIP **APOKA FL 32707**

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

TITLE **P** ☐ Delete  
NAME **CHEONG, SEONG B**  
STREET ADDRESS **1224 26 STREET**  
CITY-ST-ZIP **ORLANDO FL 32805**

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

TITLE **S** ☐ Delete  
NAME **SIN, SEUNG M**  
STREET ADDRESS **1005 EAGENS CREEK CT**  
CITY-ST-ZIP **OVIDO FL 32765**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

SIGNATURE *Seung B Cheong*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7/9/03**

CR2E037 (4/03)