

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49802

1. Entity Name

WORLD NEW LIFE CHRISTIAN MISSION, INC.



FILED
Sep 05, 2000 8:00 am
Secretary of State

09-05-2000 90022 032 ****70.00

Principal Place of Business

6941 PRECOURT DR
 ORLANDO FL 32809
 US

Mailing Address

6941 PRECOURT DR
 ORLANDO FL 32809
 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

59-3133175

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KIM, SEOK WON
 6941 PRECOURT DR
 ORLANDO FL 32809

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.

SIGNATURE KIM, SEOK WON, PRESIDENT. 8/30/2000

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 13, 2000 min. will be \$236.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS.

TITLE	PD	<input type="checkbox"/> Delete
NAME	KIM, SEOK WON	
STREET ADDRESS	5508 TURKEY LAKE RD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KIM, HYANG SOOK	
STREET ADDRESS	5508 TURKEY LAKE RD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LIM, HYANG H	
STREET ADDRESS	5508 TURKEY LAKE RD	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEE, HYUN MOO	
STREET ADDRESS	4855 ROUND LAKE	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEE, IK-SUNG	
STREET ADDRESS	5508 TURKEY LAKE RD	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIM, SEOK WON	
STREET ADDRESS	6941 PRECOURT DR.	
CITY-ST-ZIP	ORLANDO, FL 32809	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIM, HYANG SOOK	
STREET ADDRESS	6941 PRECOURT DR.	
CITY-ST-ZIP	ORLANDO, FL 32809	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIM, HYANG H.	
STREET ADDRESS	6941 PRECOURT DR	
CITY-ST-ZIP	ORLANDO, FL 32809	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, IK-SUNG	
STREET ADDRESS	6941 PRECOURT DR	
CITY-ST-ZIP	ORLANDO, FL 32809	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: KIM, SEOK WON 8/30/2000 407-251-0000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)