

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 05, 1998 8:00 am  
Secretary of State

DOCUMENT # N93000001850 (7)

1. Corporation Name

FLORIDA STATE TAEKWONDO ASSOCIATION, INC.

Principal Place of Business

101B WEST SR 434 #250  
LONGWOOD FL 32750

Mailing Address

101B WEST SR 434 #250  
LONGWOOD FL 32750

3. Date Incorporated or Qualified

04/23/1993

4. FEI Number

65-0473094

Applied For

Not Applicable

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OH, JOO YUL  
1018 W SR 434 STE250  
LONGWOOD FL 32750

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME OH, JOO YUL

STREET ADDRESS 101B WEST SR 434 #250

CITY-ST-ZIP LONGWOOD FL 32750

TITLE VPD ☐ DELETE

NAME RO, JAR YOUNG

STREET ADDRESS 1217 SR 6TH STREET

CITY-ST-ZIP WINTER HAVEN FL 33880

TITLE TD ☐ DELETE

NAME SOSA, AQUILES

STREET ADDRESS 3802 S. ORLANDO DRIVE

CITY-ST-ZIP SANFORD FL 32773

TITLE SD ☐ DELETE

NAME MAJOR, THOMAS

STREET ADDRESS 1680 JEFFERSON STREET

CITY-ST-ZIP LONGWOOD FL

TITLE VPD ☐ DELETE

NAME RODRIGUES, RAY

STREET ADDRESS 81 CURTISS PARKWAY

CITY-ST-ZIP MIAMI SPRINGS FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0080312

CR2E037 (10/97)