

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **093000002786**
 1. Entity Name
New Life Korean C.R.C.
(Christian Reformed Church)

FILED
Sep 06, 2000 8:00 am
Secretary of State

09-06-2000 90096 047 ****70.00

00083894600

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **Ft. Lauderdale C.R.C.**
6400 NW. 31st Ave.
FT. Lauderdale, FL 33309.

Mailing Address
(Same address as left.)

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number **65-0421859**
 Applied For
 Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
Rev. Kook-Sung Kim
22437 SW. 66th Ave, #307
Boca Raton, FL 33428

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 _____
 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

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	Director	<input type="checkbox"/> Delete
NAME	KookSung Kim	
STREET ADDRESS	22437 SW. 66th Ave #307	
CITY-ST-ZIP	Boca Raton FL 33428	
TITLE	Officer	<input type="checkbox"/> Delete
NAME	Ki ho Choe	
STREET ADDRESS	11101 Blue Coral Dr.	
CITY-ST-ZIP	Boca Raton FL 33498	
TITLE	Officer	<input type="checkbox"/> Delete
NAME	Ki Hwan Yoon	
STREET ADDRESS	10444 SunStream Ln.	
CITY-ST-ZIP	Boca Raton FL 33428	
TITLE	Officer	<input type="checkbox"/> Delete
NAME	Chulso Chung	
STREET ADDRESS	1880 NW 93rd Ter.	
CITY-ST-ZIP	Coral Spring FL 33071	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date **8/28/2000** Daytime Phone # **(561) 479-0298**

CR2E037 (9/99)