

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # *N93000003304*

1. Entity Name

*ORLANDO KOREAN PRESBYTERIAN CHURCH  
IN AMERICA, INC*



FILED

03 MAY 12 AM 9:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*2405 DIANJO DRIVE*

Suite, Apt. #, etc.

3. Mailing Address

*2405 DIANJO DRIVE*

Suite, Apt. #, etc.

City & State

*ORLANDO FL*

City & State

*ORLANDO FL*

Zip

*32810*

Country

*US*

Zip

*32810*

Country

*US*

4. FEI Number

*59-3237808*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

*Cho, Young Pal*

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

*850 WOODCREST COVE*

City

*LONGWOOD*

FL

Zip Code

*32750*

**DO NOT WRITE  
IN THIS SPACE**

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]*

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

(NOTE: Registered Agent signature required when reinstating)

*4/30/03*

DATE

**FEE IS \$61.25**

**Initial or Amended UBR**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Director Cho, Young Pal 850 WOODCREST COVE LONGWOOD, FL 32750</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Director Rim, Sae L. 633 Lake Dot Circle #904 ORLANDO, FL 32801</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>700018801557 05/12/03--01032--003 **358.75</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Director Song, Joon Young 717 Indian Ct. Winter Spring, FL 32708</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Director Lee, Chulsoon 911 Alameda Dr. Longwood, FL 32750</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

*4/30/03*

CR2E037B (12/02)