

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90050 047 ****66.25

DOCUMENT # N94000000115

1. Entity Name

KOREAN PRESBYTERIAN CHURCH OF BRANDON, INC.



Principal Place of Business

5501 WILLIAMS ROAD
SEFFNER FL 33584
US

Mailing Address

1401 KINGSWAY DRIVE
BRANDON FL 33510
US

2. Principal Place of Business

3. Mailing Address

5501 WILLIAMS ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SEFFNER FL

4. FEI Number

59-3291815

Applied For

Not Applicable

Zip

Country

Zip

33584

Country

US

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

ZIPPERER, UR SUM
1520-33RD STREET S.E.
RUSKIN FL 33570

Name

CHANG, HYE SUK

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

6532 BIMINI CT.,

City

APOLLO BEACH

FL

Zip Code

33572

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)

DATE

MARCH 15-2004

FILE NOW: FEE IS \$61.25 + \$5.00
Due By May 1, 2004

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	P	<input checked="" type="checkbox"/> Delete
NAME	KIM, IN SIK	
STREET ADDRESS	1401 KINGSWAY DRIVE	
CITY-ST-ZIP	BRANDON FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	KIM, SOO IL	
STREET ADDRESS	2026 BRANDON CROSSING CIR #201	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DEJON, SUNG SHIM	
STREET ADDRESS	4007 SILVER LN.	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WHITEMAN, YOUNG A	
STREET ADDRESS	1727 WESTERLY DR.	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ZIPPERER, UR SUM	
STREET ADDRESS	1520-33RD STREET SE	
CITY-ST-ZIP	RUSKIN FL 33570	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HUNT, YOR H	
STREET ADDRESS	4810 WATER TARK WAY	
CITY-ST-ZIP	VALRICO FL 33594	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIM, IN SIK	
STREET ADDRESS	3750 WILLIAMS LANDING CIR., #3311	
CITY-ST-ZIP	TAMPA, FL 33610	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEJON, SUNG SHIM	
STREET ADDRESS	4007 SILVER LN.	
CITY-ST-ZIP	VALRICO, FL 33594	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITEMAN, YOUNG A	
STREET ADDRESS	1727 WESTERLY DR.	
CITY-ST-ZIP	BRANDON, FL 33511	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIMES, UICHA	
STREET ADDRESS	1131 HARD WOOD DR.,	
CITY-ST-ZIP	VALRICO, FL 33594	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHUNG, YOUNG RAN	
STREET ADDRESS	2007 BRANDON CROSSING CIR., #304	
CITY-ST-ZIP	BRANDON, FL 33511	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHANG, HYE SUK	
STREET ADDRESS	6532 BIMINI CT.,	
CITY-ST-ZIP	APOLLO BEACH, FL 33572	

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

Daytime Phone #

(813) 663-0055