




2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N94000001485 1. Entity Name TAMPA KOREAN UNITED METHODIST CHURCH, INC.						FILED 08 DEC -3 PM 4:14 SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business 4212 NORTH BLVD TAMPA, FL 33603				Mailing Address 4212 NORTH BLVD TAMPA, FL 33603				
2. Principal Place of Business - No P.O. Box #				3. Mailing Address				
Suite, Apt. #, etc.				Suite, Apt. #, etc.				
City & State				City & State				
Zip		Country		Zip		Country		
4. FEI Number 59-3058532				Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>				
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent LEE, MOONHEE 2403 HUNTINGTON BLVD SAFETY HARBOR, FL 34695				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. I am familiar with, and accept the obligations of registered agent.								
SIGNATURE  MOONHEE LEE, REGISTERED AGENT				(NOTE: Registered Agent signature required when reinstating) DATE 11/9/08				
FILE NOW!!! FEE IS \$61.25 After January 1, 2009, Fee will be \$122.50				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.				
Make check payable to Florida Department of State								
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BT CHA, HAENG K 8511 PORTAGE AVE TAMPA, FL 33647			<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR. HYON HWANG 10560 PLANTATION DR. TAMPA, FL 33647		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CC CHO, JAI H 6381 MACLAURIN DR TAMPA, FL 33647			<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. DAN HAN 8463 DUNHAN STATION DR TAMPA, FL 33647		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FC LEE, JI S 16102 ANCROFT CT TAMPA, FL 33647			<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. SUNGSOO KIM 162 SHANNON OAK DR LAKE LAND, FL 33813		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPRC PARK, JOHN 8505 BRAMWELL WAY TAMPA, FL 33647			<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600137931406 11/14/08--01051--001 **\$61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  DR. HYON HWANG PRESIDENT				Date 11/23/08 Daytime Phone # _____				