2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **N94000003570** Apr 13, 2000 8:00 am Secretary of State HOPE PRESBYTERIAN CHURCH, INC. 04-13-2000 90106 013 ****61.25 Principal Place of Business Mailing Address 1900 S TROPICAL TRAIL 1846 ABBEYRIDGE DRIVE MERRITT ISLAND FL 32953-4381 MERRITT ISLAND FL 32952 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FÉI Number City & State 59-3256944 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) KIM, JOHN J 1846 ABBEYRIDGE DRIVE **MERRITT ISLAND FL 32953** Zip Code City 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 . DATE (NOTE: Registered Agent signature required when reinstating) 1994 1994 Considered typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. TITLE ☐ Change ☐ Addition PD ☐ Delete TITLE KIM, JOHN J NAME STREET ADDRESS 1846 ABBEYRIDGE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MERRITT ISLAND FL 32953 Change ☐ Addition TD Delete TITLE TITLE TD YUK, SANG SUP NAME NAME MORRIS, GI YOUNG 7620 GREENBURD ORIVE #6 STREET ADDRESS STREET ADDRESS 5695 BRANDON ST CITY-ST-ZIP CITY-ST-7IF W. HELBOURNE, FL 32904 COCOA FL Change Addition 🛛 Delete SD SD TITLE TITLE KIM, MEE SOOK NAME WISEMAN, ROGER NAME 1846 ABBEYROGE DRIVE STREET ADDRESS STREET ADDRESS 171 KREFELD RD NW CITY-ST-ZIP MERRITT ISLAND, FL 3 2953 CITY-ST-7IP PALM BAY FL ■ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.