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Apr 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000000315 (0)**

1. Corporation Name

NARROW WAY MISSIONS, INC.

Principal Place of Business

**6921 NW 6TH CT
MARGATE FL 33063**

Mailing Address

**6921 NW 6TH CT
MARGATE FL 33063**



2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

3. Date Incorporated or Qualified	01/23/1995	
4. FEI Number	Applied For	Not Applicable
65-0510622		
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**KIM, IK JOONG
6921 NW 6TH CT
MARGATE FL 33063**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	KIM, IK JOONG
STREET ADDRESS	6921 NW 6TH CT
CITY - ST - ZIP	MARGATE FL 33063
TITLE	D <input type="checkbox"/> DELETE
NAME	NAM, JUNG IL
STREET ADDRESS	375 NW 99TH WAY
CITY - ST - ZIP	CORAL SPRINGS FL 33071
TITLE	D <input type="checkbox"/> DELETE
NAME	LEE, SANG KYUN
STREET ADDRESS	3100 NE 48TH ST #718
CITY - ST - ZIP	FT LAUDERDALE FL 33308
TITLE	D <input type="checkbox"/> DELETE
NAME	YOO, YOUNG LAI
STREET ADDRESS	7701 SELEM LA
CITY - ST - ZIP	PARKLAND FL 33067
TITLE	D <input type="checkbox"/> DELETE
NAME	HAN, KEE DON
STREET ADDRESS	11851 ROYAL PALM BLVD APT 203
CITY - ST - ZIP	CORAL SPRINGS FL 33065
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	CHUN, MYUNG CHUL
STREET ADDRESS	321 SABAL PARK PLACE APT 107
CITY - ST - ZIP	LONGWOOD FL 32779

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	S Han, Young Jae
6.3 STREET ADDRESS	2110 Gachet Ct. #205
6.4 CITY - ST - ZIP	Orlando, FL 32807

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature] **NAM, JUNG**

APR 20, 1998 (954) 525-0684

CR2E037 (10/97)