


FILE NOW: FILING FEE IS \$61.25

FILED

May 15 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 # **N96000000790 (3)**

1. Corporation Name

BOCA KOREAN BAPTIST CHURCH, INC.



Principal Place of Business	Mailing Address
10101 ORIOLE COUNTRY ROAD BOCA RATON FL 33428	10101 ORIOLE COUNTRY ROAD BOCA RATON FL 33428

3. Date Incorporated or Qualified	02/12/1996
4. FEI Number	65-0693405
Applied For	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 1081 Summit pl Cir
22 City & State	27 APT C
23 Zip	28 W. palm Beach FL
24 Country	29 33415
25	30 palm Beach

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 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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
SIMS, H. BRYANT ESQUIRE 7301 SOUTH DIXIE HIGHWAY WEST PALM BEACH FL 33405	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	HWANG, JOHN Y	1.2 NAME	
STREET ADDRESS	1081-C SUMMIT PLACE CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	MD Jaesik Kim
NAME	KIM, SEUNG SOO	2.2 NAME	12082 W. Sample Rd
STREET ADDRESS	1505 N.W. 91ST AVENUE #10-214	2.3 STREET ADDRESS	Coral Springs, FL 33065
CITY-ST-ZIP	CORAL SPRINGS FL 33071	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	SD Myung Hee Kim
NAME	DOYLE, HAN SUK	3.2 NAME	12082 W. Sample Rd
STREET ADDRESS	6847 BROADMOOR	3.3 STREET ADDRESS	Coral Springs, FL 33065
CITY-ST-ZIP	N. LAUDERDALE FL 33068	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	
NAME	LEE, JUONG HEE	4.2 NAME	
STREET ADDRESS	8767 N.W. 6 STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	PARK, MOSIK	5.2 NAME	
STREET ADDRESS	680 N.E. 64 STREET, #A-210	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33071	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	D Han Soo Jung
NAME	KIM, YEUM JOO	6.2 NAME	12234 W Sample Rd
STREET ADDRESS	1505 N.W. 91ST AVENUE	6.3 STREET ADDRESS	Coral Springs, FL 33065
CITY-ST-ZIP	CORAL SPRINGS FL 33071	6.4 CITY-ST-ZIP	

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 checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input checked="" 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 checked="" type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: John Young Hwang 4-29-98 (561) 642-6373
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0042737

CR2E037 (10/97)