## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## N96000001791 (0)

KOREAN UNITED METHODIST CHURCH OF MIAMI, INC.					RI MAN MAN AMAN NAN AMAN
Principal Place of Business		Mailing Address			OL NIGHT GOOD TOWN 1604 1804
14800 NW 67TH AVE MIAM LAKES FL 33014 US		6745 MIAMI ŁAKES DR #126 MIAMI LAKES FL 33014		3. Date Incorporated or Qualified  (3/26/1996 4. FEI Number	Applied For
2. Principal P	Place of Business	2a. Malling Address		65-0663173	Not Applicable
21	28 19912 NW		sy cir. c	+. 5. Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt. #, etc. Suite, Apt. #, etc.			6. Election Campaign Financing	\$5.00 May Be	
22 27 City & State City & State			Trust Fund Contribution	Added to Fees	
23 28		— · · · · · ·	FL	7. Is this nonprofit corporation a homeowners association?	
Zip	Country	Zip	Country	8. This corporation owes or has paid the curr	
24	25		o Miami-	Personal Property Tax due June 30.	]Yes [☑No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
				youN, yearn	
YOON, YEOAM			62 Street A	Address (P.O. Box Number Is Not Acceptable)	
6745 MIAMI LAKES DR #126 MIAMI LAKES FL 33014			83	12 1000 0 9 0.11. 1211	
<u> </u>					Teel = 0.4
			84 City	lialeah FL	85 Zip Code 33 0 / 5
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.					
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE .	Signature, typed or printed name of registered age	of and title Mannhoothin (NOTE, E	Registered Agent signature	required when reinetating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		Change
NAME	YOON, YEOAM		1.2 NAME	YOUN, YESAM 19912 NW 67 Cir. Ct Hialeah, TL 33011	<u>_</u>
SYREET ADDRESS	6745 MIAMI LAKES DR #126		1.3 STREET ADDRESS	19912 NW 67 C. 1. C.	·
CITY-ST-ZIP	MIAMI LAKES FL 33014	DELETE	1.4 CITY - ST - ZIP	Hialeah, FL 3304	Change Addition
TITLE	D NAM. JUNG IL	☐ DECENE	2.1 TITLE 2.2 NAME		Chande Changing
STREET ADDRESS	375 NW 99 WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		2. 4 CITY-ST-ZIP		
TITLE	D	DELETE	3.1 TITLE		Change Addition
HAME	LEE, SANG KYUM		3.2 NAME		
STREET ADDRESS	3100 NE 48TH ST #718		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL D		3.4, CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME	LEE, JONG H	E DULLIE	4.1 IIILE 4.2 NAME		
STREET ADDRESS	901 S 60 AVE #280		4.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33023		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
HAME			5.2 NAME		!
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	<del> </del>	Change Addition
NAME			6.1 TIFLE 6.2 NAME		ш онан <b>у</b> е ш жиопрон
NAME STREET ADORESS			6.2 NAME 6.3 STREET ADDRESS		

SIGNATURE:

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.

4127 (1998 305) 628-7416

**FILED** 

May 08 1998 8:00am

Secretary of State