


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000002740	
1. Entity Name LAKELAND KOREAN CHURCH, INC.	

Principal Place of Business 1018 N NEVILLE AVE LAKELAND, FL 33805	Mailing Address 1018 N NEVILLE AVE LAKELAND, FL 33805
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DO NOT WRITE IN THIS SPACE



03152006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3511076	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**KNAPP, MYONG
5417 S FLORIDA AVE
LAKELAND, FL 33811**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature typed or printed name of registered agent and office if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RHEEM, KARP-SOON 5050 ASBURY PARKE DR., APT 203 LAKELAND, FL 33805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNAPP, MYONG 5417 S. FLORIDA AVE. LAKELAND, FL 33811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHOE, KI-SUN 928 LAKE HOLLINGWORTH DR. LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHIN, TACK K 2010 W LAKE HAMILTON DR WINTER HAVEN, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHONG, PETER 5551 STARLING LOOP LAKELAND, FL 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SELLERS, Aecha 1747 BANANA RD LAKELAND, FL 33809

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IN THIS SPACE**

U00000483231
04/11/06-80111-001 61.25

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:  **3-19-06 (863)644-8787**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #