2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # **N9900001766** Feb 20, 2000 8:00 am **Secretary of State** ASSOCIATION OF KOREAN BAPTIST CHURCHES OF FLORID 02-20-2000 90040 048 ****61.25 Principal Place of Business Mailing Address 4601 FOREST HILL BLVD. 4601 FOREST HILL BLVD. WEST PALM BEACH FL 33415 WEST PALM BEACH FL 33415-5639 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable __ Zip Country Zip. Country \$8.75. Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) HWANG, JOHN Y 10603 scottsdale 4601 FOREST HILL BLVD. WEST PALM BEACH FL 33415 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME KIM, KANG N STREET ADDRESS STREET ADDRESS 217 MEADOW LANE AVE. CITY-ST-ZIP CITY-ST-ZIP WEST MELBOURNE FL 32904 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME HWANG, JOHN Y NAME STREET ADDRESS STREET ADDRESS 4601 FOREST-HILL BLVD. ---CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33415 ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME KIM, SEUNG S NAME STREET ADDRESS STREET ADDRESS 1219 FAIR LAKE TRACE,#901 CITY-ST-ZIP CITY-ST-ZIP WESTON FL 33329 Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete [7] Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITI F 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