

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2003 8:00 am
Secretary of State

07-23-2003 90058 040 ****61.25

DOCUMENT # N99000003339					
1. Entity Name KOREAN UNITED METHODIST CHURCH OF FORT MYERS, IN C.					
Principal Place of Business 8570 CYPRESS LAKE DRIVE FORT MYERS FL 33919			Mailing Address 8570 CYPRESS LAKE DRIVE FORT MYERS FL 33919		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0924483	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SHIN, SEUNG YOUL 8570 CYPRESS LAKE DRIVE FORT MYERS FL 33919			Name <u>David Harris</u>		
			Street Address (P.O. Box Number is Not Acceptable)		
			8570 Cypress Lake Drive		
			City <u>Fort Myers</u> FL Zip Code <u>33919</u>		
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: <u>David Harris</u> DATE: <u>7/9/03</u> (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))					
FILE NOW: FEE IS \$61.25 After September 10, 2003, min will be \$236.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	☒ Delete	TITLE	Delete	☒ Change ☐ Addition
NAME	SHIN, SEUNG YOUL		NAME		
STREET ADDRESS	8570 CYPRESS LAKE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33919		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	D	☒ Change ☐ Addition
NAME	KANG, DAEHYUN		NAME	1424 parkshore cir Apt #1	
STREET ADDRESS	5331 SUMMERLIN RD. #8		STREET ADDRESS	Fort Myers FL 33901	
CITY-ST-ZIP	FT MYERS FL 33908		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE	Delete	☒ Change ☐ Addition
NAME	SHIN, BOOSOON		NAME		
STREET ADDRESS	2938 SW 4TH PL		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL 33904		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME			NAME	CHOI, Byung	
STREET ADDRESS			STREET ADDRESS	2066 Dogwood Dr	
CITY-ST-ZIP			CITY-ST-ZIP	Marco IS. FL 34145	
TITLE		☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME			NAME	David Harris	
STREET ADDRESS			STREET ADDRESS	8670 Wesleyan Drive 3-14	
CITY-ST-ZIP			CITY-ST-ZIP	Fort Myers FL 33919	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>SIGNATURE REQUIRED</u> DATE: <u>7/9/03</u> (239) 634-6201 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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☐ CHECK HERE IF MAKING CHANGES

CR2E037 (4/03)