

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **828890** (4)
1. Corporation Name
YOUNG LIFE, INC.



Principal Place of Business: 720 WEST MONUMENT STREET, P.O. BOX 520, COLORADO SPRINGS CO 80901
Mailing Address: 720 WEST MONUMENT STREET, P.O. BOX 520, COLORADO SPRINGS CO 80901

3. Date Incorporated or Qualified: **10/25/1972**
3a. Date of Last Report: **01/27/1995**

2. Principal Place of Business: **420 N. CASCADE**
2a. Mailing Address: **PO Box 520**
22. Suite, Apt. #, etc.:
23. City & State: **COLORADO SPRINGS, CO**
27. City & State: **COLORADO SPRINGS, CO**
24. Zip: **80903**, Country: **USA**
25. Zip: **80901**, Country: **USA**

4. FEI Number: **84-0385934**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **CT CORPORATION SYSTEM, 1200 S. PINE ISLAND ROAD, PLANTATION FL 33324**
10. Name and Address of New Registered Agent: **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 I accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS	
TITLE: D	<input type="checkbox"/> DELETE
NAME: ALDENN, NORRIS A	
STREET ADDRESS: 6554 RIDGEWOOD DRIVE	
CITY-ST-ZIP: NAPLES FL 33963	
TITLE: D	<input type="checkbox"/> DELETE
NAME: GARRISON, WILLIAM	
STREET ADDRESS: 309 W. 7TH ST., SUITE 702	
CITY-ST-ZIP: FT. WORTH TX	
TITLE: T	<input type="checkbox"/> DELETE
NAME: KLOTZ, BRYAN	
STREET ADDRESS: 720 W. MONUMENT STREET	
CITY-ST-ZIP: COLORADO SPRINGS CO	
TITLE: S	<input type="checkbox"/> DELETE
NAME: LEINBACH, KAREN	
STREET ADDRESS: 720 W. MONUMENT STREET	
CITY-ST-ZIP: COLORADO SPRINGS CO 80904	
TITLE: P	<input type="checkbox"/> DELETE
NAME: RYDBERG, DENNIS I.	
STREET ADDRESS: 720 W. MONUMENT STREET	
CITY-ST-ZIP: COLORADO SPRINGS CO	
TITLE: D	<input type="checkbox"/> DELETE
NAME: BRADFORD, JOHN	
STREET ADDRESS: 380 INDUSTRIAL LANE	
CITY-ST-ZIP: BIRMINGHAM AL 35211	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
11 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12 NAME:	
13 STREET ADDRESS:	
14 CITY-ST-ZIP:	
21 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
22 NAME:	
23 STREET ADDRESS:	
24 CITY-ST-ZIP:	
31 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
32 NAME:	
33 STREET ADDRESS: 420 N. CASCADE	
34 CITY-ST-ZIP:	
41 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
42 NAME:	
43 STREET ADDRESS: 420 N. CASCADE	
44 CITY-ST-ZIP:	
51 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
52 NAME:	
53 STREET ADDRESS: 420 N. CASCADE	
54 CITY-ST-ZIP:	
61 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
62 NAME:	
63 STREET ADDRESS:	
64 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Bryan P. Klotz* **5/17/96** (719) 381-1800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)