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**Apr 08, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 828890

1. Corporation Name

YOUNG LIFE, INC.

Principal Place of Business  
 420 N. CASCADE  
 COLORADO SPRINGS CO 80903  
 US

Mailing Address  
 P.O. BOX 520  
 COLORADO SPRINGS CO 80901  
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified  
 10/25/1972

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
 84-0385934

Applied For  
 Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired  \$8.75 Additional Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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 accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PC	<input checked="" type="checkbox"/> DELETE
NAME	BRADSHAW, SAM	
STREET ADDRESS	1616 VOSS, STE 650	
CITY-ST-ZIP	HOUSTON TX 77057	
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	420 N. CASCADE	
CITY-ST-ZIP	COLORADO SPRINGS CO	
TITLE	P	<input type="checkbox"/> DELETE
NAME	EATON, CAROL	
STREET ADDRESS	1522 E VICTORY ST, #5	
CITY-ST-ZIP	PHOENIX AZ 85040	
TITLE	P	<input type="checkbox"/> DELETE
NAME	RYDBERG, DENNIS I.	
STREET ADDRESS	420 N. CASCADE	
CITY-ST-ZIP	COLORADO SPRINGS CO	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WEYERHAEUSER, C. DAVIS	
STREET ADDRESS	940 AURORA ASOUTH	
CITY-ST-ZIP	TACOMA WA	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<i>see attached for complete listing</i>
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	<i>Cliff MacCarrow</i>
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	D
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

4/5/99

719-381-1800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)