FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

Suite, Apt. #, etc.

City & State

27

28

DOCUMENT # 828890

1. Corporation Name

Suite, Apt. #, etc.

City & State

Zip

YOUNG LIFE, INC.

	Na-Ni-a Address				
Principal Place of Business	Mailing Address				
420 N. CASCADE COLORADO SPRINGS CO 80903 US	P.O. BOX 520 COLORADO SPRINGS CO 80901 US				
2. Principal Place of Business	2a. Mailing Address				

Country

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

04-08-1999 90099 016 ****61.25



Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

 Date Incorporated or Qualifed 10/25/1972
 FEI Number

5. Certifcate of Status Desired

6. Election Campaign Financing

84-0385934

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 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 agent. I am familier with, and except the obligation of, Section 17,0503, Prints Statutes Signature Signature Statutes Signature Statutes OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILE PC SIGNATURE PC SIGNATURE SPECHADORSS GARRISON, WILLIAM STREET ADDRESS GOVERN ST.PP TILE LO DELETE 21 TILE GARRISON, WILLIAM STREET ADDRESS GOVERN ST.PP COLORADO SPRINGS CO DELETE 41 TILE LO DELETE 41 TILE PC COLORADO SPRINGS CO DELETE 41 TILE PC Change Addition Add	24	25	[29]		30			una Contribution		70000 10	77 003
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 82 Street Address (P.O. Box Number is Not Acceptable) 83 Barbara 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 agent. I am familiar with, and accept the onlighton on Scotton 617,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the onlighton on Scotton 617,0503, Florida Statutes. SIGNATURE SIGNATURE DC (POTE Registered Agent agentates registered values of implanted agent and this if applicable. (POTE Registered Agent agentates registered values of implanted agent and this if applicable. (POTE Registered Agent agentates registered values of implanted agent agent and this if applicable. (POTE Registered Agent agentates registered values of implanted agent agent and this if applicable. (POTE Registered Agent agentates registered values of implanted agent agent and this if applicable. (POTE Registered Agent agentates registered values of implanted agent agent and this if agent a		9. Name and	Address of Current Regis	tered Agent			10. Name	and Address of New R	egistered Ag	ent	
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Country

14. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(1). 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:

SUSCIDIO SUBJECTION OF SIGNING OFFICER OR DIRECTOR

4/5/99

719-381-1800

Daytime Phone #