

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90134 048 ****61.25

DOCUMENT # 828890

1. Entity Name
YOUNG LIFE, INC.

Principal Place of Business 120 N. CASCADE COLORADO SPRINGS CO 80903	Mailing Address P.O. BOX 520 COLORADO SPRINGS CO 80901-0520 US
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DO NOT WRITE IN THIS SPACE

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 84-0385934	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEF IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME GARRISON, WILLIAM	<input type="checkbox"/> Delete
STREET ADDRESS 309 W. 7TH ST., SUITE 702	
CITY-ST-ZIP FT. WORTH TX	
TITLE NAME NANCARROW, CLIFF	<input type="checkbox"/> Delete
STREET ADDRESS 420 N. CASCADE	
CITY-ST-ZIP COLORADO SPRINGS CO	
TITLE NAME EATON, CAROL	<input type="checkbox"/> Delete
STREET ADDRESS 1522 E VICTORY ST, #5	
CITY-ST-ZIP PHOENIX AZ 85040	
TITLE NAME RYDBERG, DENNIS I.	<input type="checkbox"/> Delete
STREET ADDRESS 420 N. CASCADE	
CITY-ST-ZIP COLORADO SPRINGS CO	
TITLE NAME WEYERHAEUSER, C. DAVIS	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 940 AURORA ASOUTH	
CITY-ST-ZIP TACOMA WA	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

See attached for complete listing

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00 **719-381-1965**
Date Daytime Phone #

CR2E037 (9/99)