FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 JUN 26 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N41920 (2)

1. Corporation Name
INSTITUTE FOR PROFESSIONAL YOUTH MINISTRY, INC.

Principal Place of Business	Mailing Address
1017 E. ROBINSON STREET ORLANDO FL 32801	1017 E. ROBINSON STREET ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/31/1991
3a. Date of Last Report: 02/03/1994
4. FEI Number: 59-3046230 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

PAULSON, ELIZABETH M.
1017 E ROBINSON
ORLANDO FL 32801

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D ☒ Change ☐ Addition
NAME	SCOLTOCK, BILL	1.2 NAME	Doug Doudney
STREET ADDRESS	605 VIRGINIA WOODS LANE	1.3 STREET ADDRESS	1443 Buckwood
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Orlando, FL 32806
TITLE	D	2.1 TITLE	D ☒ Change ☐ Addition
NAME	MCQUEEN, PAUL	2.2 NAME	Mark Carpenter
STREET ADDRESS	1601 ALAFAYA TRAIL	2.3 STREET ADDRESS	1130 Country Lane
CITY-ST-ZIP	OVIEDO FL	2.4 CITY-ST-ZIP	Orlando, FL 32804
TITLE	D	3.1 TITLE	D ☒ Change ☐ Addition
NAME	MARSHALL, FRED	3.2 NAME	Thom Shaw
STREET ADDRESS	3060 SUNSET LANE	3.3 STREET ADDRESS	605 E. Robinson Street, Suite 510
CITY-ST-ZIP	COCOA FL	3.4 CITY-ST-ZIP	Orlando, FL 32801
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	PAULSON, ELIZABETH M.	4.2 NAME	000001525440
STREET ADDRESS	1017 E ROBINSON ST	4.3 STREET ADDRESS	-06/28/95--01030--008
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	*****61.25 *****61.25
TITLE		5.1 TITLE	D ☐ Change ☒ Addition
NAME		5.2 NAME	The Rev. Canon Chip Edgar
STREET ADDRESS		5.3 STREET ADDRESS	130 N. Magnolia Ave.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Orlando, FL 32802
TITLE		6.1 TITLE	REMITTED BY CHK ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

AF 6/26

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)(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.

SIGNATURE: Elizabeth M Paulson ELIZABETH M. PAULSON 4/13/95 (800) 373-4716
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000344