

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 11 PM 9:48

DOCUMENT # N94000004975 (8)

1. Corporation Name

NEW LIFE YOUTH MINISTRIES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**915 DREW STREET
CLEARWATER FL** **915 DREW STREET
CLEARWATER FL**

3. Date Incorporated or Qualified 3a. Date of Last Report
10/05/1994

4. FEI Number Applied For
59-3283631 Not Applicable

21. Principal Place of Business	2a. Mailing Address
21 107 Osceola Ave., S	2a 107 Osceola Ave., S
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 Clearwater, FL	2b Clearwater, FL
Zip	Country
24 34616	25 Pinellas
Country	Zip
29 34616	30 Pinellas

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. 100.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**SLAUGHTER, JOHN E
1253 PARK STREET
CLEARWATER FL 34616**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	CROWE, JAMES O
STREET ADDRESS	8206 DEVANE DRIVE
CITY - ST - ZIP	TAMPA FL 33619
TITLE	D
NAME	DUCHECK, BURTON
STREET ADDRESS	1654 SHELDON DRIVE
CITY - ST - ZIP	CLEARWATER FL 34624
TITLE	D
NAME	GROVE, JAMES G
STREET ADDRESS	3314 SAN CARLOS DRIVE
CITY - ST - ZIP	CLEARWATER FL 34619
TITLE	D
NAME	MICKENS, MURICE
STREET ADDRESS	5114 POSTELL DRIVE
CITY - ST - ZIP	HOLIDAY FL 34690
TITLE	D
NAME	PRATT, JAMES Fredrick
STREET ADDRESS	3090 TANGLEWOOD DRIVE
CITY - ST - ZIP	CLEARWATER FL 34621
TITLE	D
NAME	SCHMIDT, CATHY
STREET ADDRESS	207 MIDWAY ISLAND
CITY - ST - ZIP	CLEARWATER FL 34630

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Scott, Keith, Rev.	
1.3 STREET ADDRESS	3760 Hailey Court	
1.4 CITY - ST - ZIP	Palm Harbor, FL 34684	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Sigmon, McBride, Rev	
2.3 STREET ADDRESS	2 Ambleside Drive	
2.4 CITY - ST - ZIP	Clearwater, FL 34616	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Waller, Nancy	
3.3 STREET ADDRESS	1308 Mary L Street	
3.4 CITY - ST - ZIP	Clearwater, FL 34615	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Yingling, George	
4.3 STREET ADDRESS	2119 Oak Grove Drive	
4.4 CITY - ST - ZIP	Clearwater, FL 34624	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Connelly, John	
5.3 STREET ADDRESS	445 Country Club Road	
5.4 CITY - ST - ZIP	Clearwater, FL 34616	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Neely, Diana	
6.3 STREET ADDRESS	14518 Alejo Court	
6.4 CITY - ST - ZIP	Seminole, FL 34646	

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)(b), 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 in an attachment with an address.

SIGNATURE: *Randolph Boone* *Randolph Boone, Executive Director* 4-6-95 813-461-4620

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Include FTS#)