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Jun 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000004975 (8)
1. Corporation Name
NEW LIFE YOUTH MINISTRIES, INC.



Principal Place of Business 107 OSCEOLA AVE. S. CLEARWATER FL 34616 US	Mailing Address 107 OSCEOLA AVE. S. CLEARWATER FL 34616-5130 US
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3. Date Incorporated or Qualified 10/05/1994	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 1100 Cleveland St	2a. Mailing Address 26 P.O. Box 1274
Suite, Apt. #, etc. 22 Suite 1115	Suite, Apt. #, etc. 27
City & State 23 Clearwater, FL	City & State 28 Clearwater, FL
Zip 24 34615	Country 25 Pinellas
Zip 29 34617	Country 30 Pinellas

4. FEI Number 59-3283631	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCOTT, KEITH	1.2 NAME	CRUM, FRANK JR.
STREET ADDRESS	2512 OLD VILLAGE WAY	1.3 STREET ADDRESS	3268 Nicks Place
CITY-ST-ZIP	OLDSMAR FL	1.4 CITY-ST-ZIP	Clearwater, FL 34621
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	Executive Director/President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUCHECK, BURTON	2.2 NAME	Boone, Randolph
STREET ADDRESS	1654 SHELDON DRIVE	2.3 STREET ADDRESS	1141 Sunset Point Rd, Apt #2
CITY-ST-ZIP	CLEARWATER FL 34624	2.4 CITY-ST-ZIP	Clearwater, FL 34615
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	D Chairman of the Board	3.2 NAME	
STREET ADDRESS	GROVE, JAMES G	3.3 STREET ADDRESS	
CITY-ST-ZIP	3314 SAN CARLOS DRIVE	3.4 CITY-ST-ZIP	
	CLEARWATER FL 34619		
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	Mickens, Maurice <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D	4.2 NAME	
STREET ADDRESS	MICKENS, MAURICE	4.3 STREET ADDRESS	
CITY-ST-ZIP	5114 POSTELL DRIVE	4.4 CITY-ST-ZIP	
	HOLIDAY FL 34690		
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	D	5.2 NAME	
STREET ADDRESS	D Vice-Chairman	5.3 STREET ADDRESS	
CITY-ST-ZIP	SIGMON, MCBRIDE	5.4 CITY-ST-ZIP	
	2 AMBLESIDE DRIVE		
	CLEARWATER FL		
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	
NAME	D	6.2 NAME	
STREET ADDRESS	WALLER, NANCY	6.3 STREET ADDRESS	
CITY-ST-ZIP	1308 MARY L STREET	6.4 CITY-ST-ZIP	
	CLEARWATER FL		

14. I do 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.

CR2E037 (9/96)