


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 11 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # N94000004975 (8)**  
 1. Corporation Name  
**NEW LIFE YOUTH MINISTRIES, INC.**



Principal Place of Business <b>107 OSCEOLA AVE. S. CLEARWATER FL 34616 US</b>	Mailing Address <b>107 OSCEOLA AVE. S. CLEARWATER FL 34616 US</b>
--	--

3. Date Incorporated or Qualified <b>10/05/1994</b>
4. FEI Number <b>59-3283631</b>
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. <b>805 Turner Street</b>	2a. Mailing Address 26 Suite, Apt. #, etc. <b>805 Turner Street</b>
City & State 22 <b>Clearwater</b>	City & State 27 <b>Clearwater, FL</b>
Zip 23 <b>33756</b>	Country 28 <b>Pinellas</b>
Zip 24 <b>33756</b>	Country 29 <b>Pinellas</b>

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**33756**  
**SLAUGHTER, JOHN E**  
**1253 PARK STREET**  
**CLEARWATER FL 34616**

10. Name and Address of New Registered Agent  
 81 Name  
**Lois D. Lowery**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**1436 Heaven Sent Ln**  
 83  
 84 City  
**Clearwater** **FL** 85 Zip Code  
**33755**

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 Lois D. Lowery *Lois D. Lowery* 4/28/98  
Signature, typed or printed name of registered agent and title if applicable (WRITE: Registered Agent signature, required when registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CRUM, FRANK J</b>	
STREET ADDRESS	<b>3288 NICKS PLACE</b>	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	
TITLE	<b>DT</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DUCHECK, BURTON</b>	
STREET ADDRESS	<b>1654 SHELDON DRIVE</b>	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GROVE, JAMES G</b>	
STREET ADDRESS	<b>3314 SAN CARLOS DRIVE</b>	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MICKENS, MAURICE</b>	
STREET ADDRESS	<b>5114 POSTELL DRIVE</b>	
CITY-ST-ZIP	<b>HOLIDAY FL</b>	
TITLE	<b>DVC</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SIGMON, MCBRIDE</b>	
STREET ADDRESS	<b>2 AMBLESIDE DRIVE</b>	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	
TITLE	<b>(EDP)</b>	<input type="checkbox"/> DELETE
NAME	<b>BOONE, RANDOLPH</b>	
STREET ADDRESS	<b>1141 SUNSET POINT RD, APT. 2</b>	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Rev. Walter C. Campbell</b>	
1.3 STREET ADDRESS	<b>210 Meadow Lark Ln</b>	
1.4 CITY-ST-ZIP	<b>Clearwater, FL. 33759</b>	
2.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Commissioner Calvin Harris</b>	
2.3 STREET ADDRESS	<b>315 Court St</b>	
2.4 CITY-ST-ZIP	<b>Clearwater, FL. 33756</b>	
3.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Rev. Lucius Pitts</b>	
3.3 STREET ADDRESS	<b>1325 Springdale St</b>	
3.4 CITY-ST-ZIP	<b>Clearwater, FL. 33755</b>	
4.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Atty William L. Jennings</b>	
4.3 STREET ADDRESS	<b>1822 Drew St</b>	
4.4 CITY-ST-ZIP	<b>Clearwater, FL. 33765</b>	
5.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Randolph Boone</b>	
6.3 STREET ADDRESS	<b>1141 Sunset Point Rd, Apt. 2</b>	
6.4 CITY-ST-ZIP	<b>Clearwater, FL. 33755</b>	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Trudith Boone* **4-28-98 83-4614620**

CFR2037 (1097)