2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 828890

JUCUIVIEN 1# 020090

FILED Apr 20, 2009 Secretary of State

Entity Name: YOUNG LIFE, INC.

Current Principal Place of Business:				New Prir	New Principal Place of Business:		
420 N. CAS COLORAD	SCADE O SPRINGS,	CO 80903	US				
Current Mailing Address:				New Mai	New Mailing Address:		
P.O. BOX 5 COLORAD	520 O SPRINGS,	CO 80901	US				
FEI Number:	84-0385934	FEI Numbe	r Applied For()	FEI Number Not Ap	plicable ()	Certificate of Status Desired ()	
Name and	Address of C	Current Reg	istered Agent:	Name an	d Address o	of New Registered Agent:	
2731 EXEC SUITE 4 WESTON,	VICES, INC. CUTIVE PARK FL 33331 US named entity:	6	statement for the p	urpose of changing	ı its reaistere	d office or registered agent, or bo	th.
in the State			р.		,		,
SIGNATUR							
	Electror	nic Signature	of Registered Age	nt		Date	
OFFICERS	AND DIREC	TORS:		ADDITIO	NS/CHANG	ES TO OFFICERS AND DIRECT	ORS:
Title: Name: Address: City-St-Zip:	D () BRADFORD, JO 380 INDUSTRIA BIRMINGHAM,	AL LN		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	CFO () STEDMAN, JEF 420 NORTH CA COLORADO SI	ASCADE	0903	Title: Name: Address: City-St-Zip:	CFO ALBERTI, K 420 NORTH COLORADO		
Title: Name: Address: City-St-Zip:	D () EATON, CARO 1522 E VICTOR PHOENIX, AZ	RY ST, #5		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	PCEO () RYDBERG, DE 420 N. CASCAI COLORADO SI	DE	0903	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	AS () BRIGGS, DAVII 420 N CASCAE COLORADO SI	DΕ	0903	Title: Name: Address: City-St-Zip:	TREA BRIGGS, DA 420 N CASO COLORADO		
Title: Name: Address: City-St-Zip:	SVP () CORDER, LEE 14170 NEWBR CHANTILLY, V/	OOK DR		Title: Name: Address: City-St-Zip:		() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVE BRIGGS TREA 04/20/2009