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Feb 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N25104 (3)

1. Corporation Name

YOUTH MINISTRY RESOURCES, INC.



Principal Place of Business

Mailing Address

2440 OLD MINTON PARKWAY
200 OLD ROWELL LAKES PARKWAY
SUITE 150 SUITE 200
ROSWELL GA 30076 ALPHARETTA GA
US 302018317 FRONT BEACH RD.
#32A
PANAMA CITY FL 32407-4824
US

2. Principal Place of Business

21 2440 OLD MINTON PARKWAY

Suite, Apt. #, etc.

22 200

City & State

23 ALPHARETTA GA

Zip

24 30201

Country

25 US

2a. Mailing Address

26 8317 Front Beach Road

Suite, Apt. #, etc.

27 #9

City & State

28 Panama City, FL

Zip

29 32407

Country

30 US

3. Date Incorporated or Qualified
03/01/19883a. Date of Last Report
02/08/1996

4. FEI Number

59-2874151

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☐

No

9. Name and Address of Current Registered Agent

MCKENZIE, WANDA
520 BECKRICH RD
#306
PANAMA CITY FL 32407

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETENAME DONOHO, LANNY
STREET ADDRESS 225 ROSWELL FARMS RD.
CITY - ST - ZIP ROSWELL GATITLE D ☒ DELETENAME HOOKS, HENRY
STREET ADDRESS 1216 WILD RIDGE ROAD
CITY - ST - ZIP LYNN HAVEN FLTITLE D ☐ DELETENAME CRIMM, DERRELL
STREET ADDRESS 3201 MORNINGDOVE COURT
CITY - ST - ZIP PHOENIX CITY ALTITLE D ☐ DELETENAME BOYD BAILEY
STREET ADDRESS 140 WILLIAMSBURG LANE
CITY - ST - ZIP WOODSTOCK GA 30188TITLE ☐ DELETENAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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.

SIGNATURE: X

DERRELL CRIMM

1/22/97

770-521-0884

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (9/96)