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NONPROFIT CORPORATION ANNUAL REPORT

**SIGNATURE:** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT # N251

(3)

YOUTH MINISTRY RESOURCES, INC.

FILED Mar 24 1998 8:00am Secretary of State

| Principal Place   | of Business  | Mailing Address                                     |                       |                      |               | L HODIAFOL BAN HIDDE KUIDE HIBLE DEAK D   | ildi aibil <b>ais</b> il i                     |               | III <b>Bib</b> ii 1881    |
|---|--|---|-----------------------|----------------------|---------------|---|--|---------------|---------------------------|
| 2440 OLD MILTON PARKWAY<br>200<br>ALPHARETTA GA 30201   |  | 8317 FRONT BEACH ROAD<br>#9<br>PANAMA CITY FL 32407 |                       |                      |               | 3. Date Incorporated or Qualified 03/01/1988  |  |               |                           |
| US  | , voco   | US  |                       |                      |               | 4. FEI Number 59-2874151  |  |               | plied For<br>t Applicable |
| · ·   | ace of Business  | 2a. Mailing Address                                 |                       |                      |               | 5. Certificate of Status Desired  |  | \$8.75 A      | Additional                |
| Suite, Apt. 4   | #, etc.  | Suite, Apt. #, etc.                                 |                       |                      |               | 6. Election Campaign Financing  |  | \$5.00 h      |                           |
| 22 Cit. 8 Ctata   |  | City & State  |                       |                      |               | Trust Fund Contribution Added to Fees   |  |               |                           |
| City & State  | •  | 28  |                       |                      |               | 7. Is this nonprofit corporation a homeowners association?  Yes No                      |  |               |                           |
| Zip   | Country  | Zip Country   |                       | 1                    |               | 8. This corporation owes or has paid the current year Intangible                        |  |               |                           |
| 24  | 9. Name and Address of Current   |   | 30                    |                      |               | Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent |  |               |                           |
|   | g, regine and receipes or obtion   | Trogration Agont                                    | 81                    | Name                 |               | Id. touris and read of the tree   |  | ,             |                           |
| MCKENZIE, WANDA   |  |   |                       | Street               | Address       | s (P.O. Box Number is Not Acceptate   | ole)   |               |                           |
| 520 BEC<br>#306   | KRICH RD   |   | 83                    |                      |               |   |  |               |                           |
|   | CITY FL 32407  |   | 84                    | City                 |               |   |  | 85 Zip (      | 20de                      |
|   |  |   | l                     | '                    |               |   | <u>FL</u>                                      |               |                           |
| 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. |  |   |                       |                      |               |   |  |               |                           |
| agent. i ar<br>SiGNATURE _  | m tamiliar with, and accept the obligat  | lons of, Section 617.0503, Flo                      | TICK SIRIUIE          | S.                   |               |   |  |               |                           |
|   | Signature, typed or printed name of registered agen  |   |                       | ent signatur         | re required v | when reinstating)   | DATE   |               |                           |
| 12.   | OFFICERS AND   |   | 13.                   |                      | 10            | ADDITIONS/CHANGES TO OFFIC  |  | DIRECTOR:     | S IN 12 Addition          |
| TITLE<br>NAME   | D<br>Donoho, Lanny   | ☐ DELETE  | 1.1 TITLE<br>1.2 NAME |                      | Oca           | cho, LANNY  | 2  | 그 Change      | Addition                  |
| STREET ADDRESS  | 225 ROSWELL FARMS RD.  |   | 1.3 STREET ADDRESS    |                      | 170           | Cobblestone Way   |  |               |                           |
| CITY-ST-ZIP   | ROSWELL GA   |   | 1.4 CITY-ST-ZIP       |                      |               | meta GA 30004   |  |               |                           |
| TITLE   | D  | ☐ DELETE  | 2.1 TITLE             |                      | Ď,            |   |  | Change        | Addition                  |
| NAME  | CRIMM, DERRELL   |   | 2.2 NAME              |                      | Ccin          | nm, Derrell   |  |               |                           |
| STREET ADDRESS  | 3201 MORNINGDOVE COURT   |   | 2.3 STREET ADDRESS    |                      | 228           | 4 Festival Lane 36  | ام د<br>مام                                    |               |                           |
| CITY-ST-ZIP   | PHOENIX CITY AL  | - Deter   |                       |                      | M             | intgomery AL 36   | <u> 177                                   </u> | Change        | Addition                  |
| TITLE   | D<br>Bailey, Boyd  | ☐ DELETE  | 3.1 TITLE<br>3.2 NAME |                      | 1             |   | L  | Charige       |                           |
| NAME<br>STREET ADDRESS  | 140 WILLIAMSBURG LANE  |   |                       | T ADDRESS            | 1             |   |  |               |                           |
| CITY-ST-ZIP   | WOODSTOCK GA   |   | 3.4. CITY-            |                      |               |   |  |               |                           |
| TITLE   |  | ☐ DELETE  | 4.1 TITLE             | O1-EII               | <del> </del>  |   |  | Change        | Addition                  |
| NAME  |  |   | 4. 2 NAME             |                      |               |   |  |               |                           |
| STREET ADDRESS  |  |   | 4.3 STREE             | T ADDRESS            |               |   |  |               |                           |
| CITY-ST-ZIP   |  |   | 4.4 CITY-             | ST-ZIP               |               |   |  |               |                           |
| TITLE   |  | ☐ DELETE  | 5.1 TITLE             |                      |               |   |  | Change        | Addition                  |
| NAME  |  |   | 5.2 NAME              |                      | ŀ             |   |  |               |                           |
| STREET ADDRESS  |  |   |                       | T ADDRESS            |               |   |  |               |                           |
| CITY-ST-ZIP   |  | Driett  | 5.4 CITY -            | ST-ZIP               |               |   |  | Change        | Addition                  |
| TITLE   |  | ☐ D€LETE  | 6.1 TITLE             |                      |               |   | L  | Change        | L1 MOUROR                 |
| NAME  |  |   | 6.2 NAME              |                      |               |   |  |               |                           |
| STREET ADDRESS  |  |   | 6.4 CITY -            | T ADDRESS<br>St. 71P |               |   |  |               |                           |
| 14. I hereby c  | ertify that the information supplied wit   | h this filing does not qualify fo                   | r the exemp           | otion stat           | ted in Se     | ection 119.07(3)(i), Florida Statutes. I  | further cert                                   | ify that the  | Information               |
| indicated<br>officer or o   | on this annual report or supplemental<br>director of the corporation or the recei<br>or Block 13 if chapted or or an attac | annual report is true and acci                      | uroto and tř          | rat mu ci            | ionature :    | shall have the same legal effect as i   | if made undi                                   | ier nath: the | atlam an                  |