## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N25104

FILED Jan 14, 2008 Secretary of State

Entity Name: YOUTH MINISTRY RESOURCES, INC.

	rincipal Place of Business:	New Principal Place of Business:
	ANTON STREET ETTA, GA 30004 US	
Current Mailing Address:		New Mailing Address:
.O. BOX HIPLEY,	86 FL 32428 US	35 OLD CANTON STREET ALPHARETTA, GA 30004 US
El Number	: 59-2874151 FEI Number Applied For() FE	El Number Not Applicable ( ) Certificate of Status Desired ( )
ame and	Address of Current Registered Agent:	Name and Address of New Registered Agent:
378 N. R. HIPLEY, he above	OGER L III AILROAD AVE. FL 32428 US e named entity submits this statement for the purpole of Florida.	ose of changing its registered office or registered agent, or bo
GNATUI		
	Electronic Signature of Registered Agent	Date
FICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECT
le:	P ( ) Delete DONOHO, LANNY	Title: ( ) Change ( ) Addition Name:
dress:	170 COBBLESTONE ROAD ALPHARETTA, GA 30004 US	Address: City-St-Zip:
me: dress: y-St-Zip: le: me: dress: y-St-Zip:	170 COBBLESTONE ROAD	Address:
dress: y-St-Zip: e: me: dress: y-St-Zip: e: me: dress:	170 COBBLESTONE ROAD ALPHARETTA, GA 30004 US  D ( ) Delete KENDRICK, MIKE 15060 FREEMANVILLE ROAD	Address: City-St-Zip: Title: ( ) Change ( ) Addition Name: Address:
dress: y-St-Zip: e: me: dress:	170 COBBLESTONE ROAD ALPHARETTA, GA 30004 US  D ( ) Delete KENDRICK, MIKE 15060 FREEMANVILLE ROAD ALPHARETTA, GA 30004 US  D ( ) Delete KALOPER, STEVE 611 GLENOVER DRIVE	Address: City-St-Zip:  Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition Name: Address:
dress: y-St-Zip: e: me: dress: y-St-Zip: e: me: dress: y-St-Zip: e: dress: dress: dress:	170 COBBLESTONE ROAD ALPHARETTA, GA 30004 US  D () Delete KENDRICK, MIKE 15060 FREEMANVILLE ROAD ALPHARETTA, GA 30004 US  D () Delete KALOPER, STEVE 611 GLENOVER DRIVE ALPHARETTA, GA 30004 US  D () Delete WEXLER, ANDREW 940 PEBBLESTONE COURT	Address: City-St-Zip:  Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:

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: LANNY DONOHO P 01/14/2008