


FILE NOW: FILING FEE IS \$61.25

FILED

May 16 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N41920 (2)**  
1. Corporation Name  
**INSTITUTE FOR PROFESSIONAL YOUTH MINISTRY, INC.**

Principal Place of Business <b>130 N MAGNOLIA ORLANDO FL 32801 US</b>	Mailing Address <b>P.O. BOX 2489 ORLANDO FL 32802-2489 US</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>01/31/1991</b>	3a. Date of Last Report <b>06/20/1996</b>
				4. FEI Number <b>59-3046230</b>	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LIVELY, JAMES  
130 N MAGNOLIA AVENUE  
ORLANDO FL 32801**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HALPRIN, STEVE</b>	1.2 NAME	<b>Eshleman, Dale</b>
STREET ADDRESS	<b>2501 N WESTMOREL CARD DR</b>	1.3 STREET ADDRESS	<b>1700 Woodbury Rd., Apt. 1907</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>	1.4 CITY-ST-ZIP	<b>Orlando, FL 32828</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LIVELY, JAMES</b>	2.2 NAME	<b>Shaw, Sheryl</b>
STREET ADDRESS	<b>P.O. BOX 2489</b>	2.3 STREET ADDRESS	<b>1240 Royal Oak Dr.</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>	2.4 CITY-ST-ZIP	<b>Winter Springs, FL 32708</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SHAW, THOM</b>	3.2 NAME	<b>Brinkman, Covington</b>
STREET ADDRESS	<b>605 E ROBINSON STREET SUITE 510</b>	3.3 STREET ADDRESS	<b>1331 Hobson St.</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>	3.4 CITY-ST-ZIP	<b>Longwood, FL 32750</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>P</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PAULSON, ELIZABETH M.</b>	4.2 NAME	<b>Sholander, Mark</b>
STREET ADDRESS	<b>1017 E ROBINSON ST</b>	4.3 STREET ADDRESS	<b>382 Raleigh Place</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>	4.4 CITY-ST-ZIP	<b>Oviedo, FL 32765</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EDGAR, THE REV. CANON CHIP</b>	5.2 NAME	
STREET ADDRESS	<b>130 N MAGNOLIA AVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: **Thomas C. Shaw** *Thomas C. Shaw* 4/17/97 407-872-3161  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0016142

CR2E037 (9/96)