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May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N41920 (2)
1. Corporation Name
INSTITUTE FOR PROFESSIONAL YOUTH MINISTRY, INC.



Principal Place of Business: 130 N MAGNOLIA ORLANDO FL 32801 US
Mailing Address: P.O. BOX 2489 ORLANDO FL 32801 US

3. Date Incorporated or Qualified: 01/31/1991
4. FEI Number: 59-3046230
Applied For: Not Applicable

2. Principal Place of Business (21-24) and Mailing Address (2a-29) details including City & State, Zip, and Country.

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent: LIVELY, JAMES, 130 N MAGNOLIA AVENUE, ORLANDO FL 32801

10. Name and Address of New Registered Agent (81-85) details including Name, Street Address, City, and Zip Code (FL).

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	D	1.1 TITLE	D
NAME	ESHLEMAN, DALE	1.2 NAME	Eshleman, Dale
STREET ADDRESS	1700 WOODBURY RD, 1907	1.3 STREET ADDRESS	4143 Coralbrook Grove
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Orlando, FL 32826
TITLE	D	2.1 TITLE	D T
NAME	LIVELY, JAMES	2.2 NAME	Lively, James
STREET ADDRESS	P.O. BOX 2489	2.3 STREET ADDRESS	834 Wingo Street
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Orlando, FL 32803
TITLE	D	3.1 TITLE	D P
NAME	SHAW, THOM	3.2 NAME	Shaw, Thom
STREET ADDRESS	605 E ROBINSON STREET SUITE 510	3.3 STREET ADDRESS	605 E. Robinson St., Ste. 510
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	Orlando, FL 32801
TITLE	D	4.1 TITLE	
NAME	SHAW, SHERYL	4.2 NAME	
STREET ADDRESS	1240 ROYAL OAKS DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	D VP
NAME	EDGAR, THE REV. CANON CHIP	5.2 NAME	Edgar, The Rev. Canon Chip
STREET ADDRESS	130 N MAGNOLIA AVE	5.3 STREET ADDRESS	St. Marks, 393 N. Main
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	Glyn Ellyn, IL 60137
TITLE	D	6.1 TITLE	
NAME	BRINKMAN, COVINGTON	6.2 NAME	
STREET ADDRESS	1331 HOBSON ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	6.4 CITY-ST-ZIP	

Change Addition

14. I 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 Shaw* 3/18/98 (407) 872-3161

CR2E037 (10/97)