


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90123 004 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N41920</b>			
1. Corporation Name <b>INSTITUTE FOR PROFESSIONAL YOUTH MINISTRY, INC.</b>			
Principal Place of Business <b>130 N MAGNOLIA          ORLANDO FL 32801          US</b>		Mailing Address <b>P.O. BOX 2489          ORLANDO FL 32801          US</b>	



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		01/31/1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3046230	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/>	
Country		Country		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>LIVELY, JAMES</b> <del>130 N MAGNOLIA AVENUE</del> <b>834 WINGO ST.</b> <del>ORLANDO FL 32801</del> <b>ORLANDO, FL 32803</b>				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		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	DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
NAME	ESHLEMAN, DALE			1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	4143 CORALBROOK GROVE			1.2 NAME			
CITY-ST-ZIP	ORLANDO FL 32826			1.3 STREET ADDRESS			
TITLE	DT	DELETE		1.4 CITY-ST-ZIP			
NAME	LIVELY, JAMES			2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	834 WINGO ST			2.2 NAME			
CITY-ST-ZIP	ORLANDO FL 32803			2.3 STREET ADDRESS			
TITLE	DP	DELETE		2.4 CITY-ST-ZIP			
NAME	SHAW, THOM			3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	605 E ROBINSON STREET SUITE 510			3.2 NAME			
CITY-ST-ZIP	ORLANDO FL 32801			3.3 STREET ADDRESS			
TITLE	D	DELETE		3.4 CITY-ST-ZIP			
NAME	SHAW, SHERYL			4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	1240 ROYAL OAKS DR			4.2 NAME			
CITY-ST-ZIP	WINTER SPRINGS FL			4.3 STREET ADDRESS			
TITLE	DVP	DELETE		4.4 CITY-ST-ZIP			
NAME	EDGAR, THE REV. CANON CHIP			5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	ST MARKS, 393 N MAIN			5.2 NAME			
CITY-ST-ZIP	GLYN ELLYN IL 60137			5.3 STREET ADDRESS			
TITLE	D	DELETE		5.4 CITY-ST-ZIP			
NAME	BRINKMAN, COVINGTON			6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	1331 HOBSON ST			6.2 NAME			
CITY-ST-ZIP	LONGWOOD FL			6.3 STREET ADDRESS			
				6.4 CITY-ST-ZIP			

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 with all other like empowered.

SIGNATURE: *Thomas C. Shaw* **THOMAS C. SHAW** 2/15/99 407-660-0330  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT** Date Daytime Phone #

CR2E037 (11/98)