

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2000 8:00 am
Secretary of State

09-08-2000 90003 021 ****61.25

00084130

DO NOT WRITE IN THIS SPACE

DOCUMENT # N41920
1. Entity Name
 INSTITUTE FOR PROFESSIONAL YOUTH MINISTRY, INC.

Principal Place of Business **Mailing Address**
 130 N MAGNOLIA P.O. BOX 2489
 ORLANDO, FL 32801 US ORLANDO, FL 32802 US

2. Principal Place of Business **3. Mailing Address**
 1240 ROYAL OAK DR 1240 ROYAL OAK DR
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State** **4. FEI Number** **Applied For**
 WINTER SPRINGS, FL WINTER SPRINGS, FL 59-3046230 Not Applicable
Zip **Country** **Zip** **Country**
 32708 US 32708 US
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent **7. Name and Address of New Registered Agent**
 Lively, James Name SHAW, THOM
 834 WINGO ST Street Address (P.O. Box Number is Not Acceptable)
 ORLANDO, FL 32803 1240 ROYAL OAK DR
 City WINTER SPRINGS FL Zip Code 32708

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.
 SIGNATURE *Thomas C. Shaw* THOMAS C. SHAW 9/1/2000
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: **9. Election Campaign Financing** **\$5.00 May Be** **Make Check Payable to**
FEE IS \$61.25 Trust Fund Contribution. ☐ Added to Fees Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESHLEMAN, DALE		NAME		
STREET ADDRESS	4143 CORALBROOK GROVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32826		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIVELY, JAMES		NAME	LIVELY, JAMES	
STREET ADDRESS	834 WINGO ST		STREET ADDRESS	SCH.THEOLOGY, 355 TENNESSEE AVE	
CITY-ST-ZIP	ORLANDO, FL 32803		CITY-ST-ZIP	SUWANEE, TN 37383	
TITLE	DP	<input type="checkbox"/> Delete	TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAW, THOM		NAME	SHAW, THOM	
STREET ADDRESS	605 E ROBINSON ST., STE 510		STREET ADDRESS	1240 ROYAL OAK DR	
CITY-ST-ZIP	ORLANDO, FL 32801		CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAW, SHERYL		NAME		
STREET ADDRESS	1240 ROYAL OAK DR		STREET ADDRESS		
CITY-ST-ZIP	WINTER SPRINGS, FL 32708		CITY-ST-ZIP		
TITLE	DVP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDGAR, THE REV. CANON CHIP		NAME		
STREET ADDRESS	ST MARKS, 393 N MAIN		STREET ADDRESS		
CITY-ST-ZIP	GLYN ELLEN, IL 60137		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRINKMAN, COVINGTON		NAME		
STREET ADDRESS	1331 HOBSON ST		STREET ADDRESS		
CITY-ST-ZIP	WONGWOOD, FL 32750		CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Thomas C. Shaw* THOMAS C. SHAW, PRES. 407-425-1974
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)