

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90563 032 *****61.25

DOCUMENT # N41920

1. Entity Name

INSTITUTE FOR PROFESSIONAL YOUTH MINISTRY, INC.

Principal Place of Business

1240 ROYAL OAK DRIVE
 WINTER SPRINGS FL 32708
 US

Mailing Address

1240 ROYAL OAK DRIVE
 WINTER SPRINGS FL 32708
 US

029392



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

C/O CHURCH of the MESSIAH

3. Mailing Address

C/O CHURCH of the MESSIAH

Suite, Apt. #, etc.

260 N. WOODLAND ST.

Suite, Apt. #, etc.

260 N. WOODLAND ST.

City & State

WINTER GARDEN, FL

City & State

WINTER GARDEN, FL

4. FEI Number

59-3046230

Applied For

Not Applicable

Zip

34787

Country

U.S.A.

Zip

34787

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SHAW, THOM
 1240 ROYAL OAK DRIVE
 WINTER SPRINGS FL 32708

7. Name and Address of New Registered Agent

Name

STEPHEN HALPIN

Street Address (P.O. Box Number is Not Acceptable)

C/O CHURCH of the MESSIAH

260 N. WOODLAND ST.

City

WINTER GARDEN

FL

Zip Code

34787

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

Stephen J. Halpin

2/21/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ESHLEMAN, DALE	
STREET ADDRESS	4143 CORALBROOK GROVE	
CITY-ST-ZIP	ORLANDO FL 32826	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	LIVELY, JAMES	
STREET ADDRESS	834 WINGO ST	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	SHAW, THOM	
STREET ADDRESS	605 E ROBINSON STREET SUITE 510	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHAW, SHERYL	
STREET ADDRESS	1240 ROYAL OAKS DR	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	EDGAR, THE REV. CANON CHIP	
STREET ADDRESS	ST MARKS, 393 N MAIN	
CITY-ST-ZIP	GLYN ELLYN IL 60137	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRINKMAN, COVINGTON	
STREET ADDRESS	1331 HOBSON ST	
CITY-ST-ZIP	LONGWOOD FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D P S T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEPHEN HALPIN	
STREET ADDRESS	3027 NEEDLES DR.	
CITY-ST-ZIP	ORLANDO, FL 32810	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KYLE WALLACE	
STREET ADDRESS	2308 WOODCREST DR.	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS RUTHERFORD, THE REV.	
STREET ADDRESS	116 W. DIVISION ST.	
CITY-ST-ZIP	WINTER GARDEN, FL 34787	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLENN STARR	
STREET ADDRESS	338 E. LYMAN AVE.	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Stephen J. Halpin

2/21/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)