

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90984 043 \*\*\*\*61.25

**DOCUMENT # N94000002612**

1. Entity Name

ANTIOCH YOUNG LIFE CENTER CORPORATION



Principal Place of Business

2300 W ORANGE BLOSSOM TRAIL  
APOPKA FL 32712

Mailing Address

2300 W ORANGE BLOSSOM TRAIL  
APOPKA FL 32712

3386 Janet St.

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DUCKSWORTH, ANTHONY T.  
2300 W ORANGE BLOSSOM TRAIL  
APOPKA FL 32712

7. Name and Address of New Registered Agent

Name: Anthony T. Ducksworth

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

3386 Janet St

Apopka

City

FL

Zip Code

32712

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME NELSON, QUINTON  
STREET ADDRESS 2300 W ORANGE BLOSSOM TRAIL  
CITY-ST-ZIP APOPKA FL 32712

TITLE D ☐ Delete  
NAME NEAL, HAROLD  
STREET ADDRESS 2300 W ORANGE BLOSSOM TRAIL  
CITY-ST-ZIP APOPKA FL 32712

TITLE D ☐ Delete  
NAME DUCKSWORTH, ANTHONY T.  
STREET ADDRESS 2300 W ORANGE BLOSSOM TRAIL  
CITY-ST-ZIP APOPKA FL 32712

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 19.07(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: ANTHONY T. DUCKSWORTH**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/04 (407) 984-7000