2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT.

9/14/2006-90002-047-$61.25-$61.25

FILED

2006 OCT -5 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000002612

1. Entity Name
ANTIOCH YOUNG LIFE CENTER CORPORATION

Principal Place of Business	Mailing Address
3386 JANET ST APOPKA, FL 32712	3386 JANET ST APOPKA, FL 32712

2. Principal Place of Business	3. Mailing Address
357 W. 4th Street	P.O. Box 1420
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Apopka, FLA.	City & State: Apopka, FLA.
Zip: 32703 Country:	Zip: 32704 Country:

08222006 Chg-NP CR2E037 (4/06)

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

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
DUCKSWORTH, ANTHONY T. 3386 JANET ST APOPKA, FL 32712	Name: Ducksworth, Anthony T. Street Address (P.O. Box Number is Not Acceptable): 1010 Coastal Ocoee City: FL Zip Code: 34761

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: Anthony T. Ducksworth Sept. 6, 2006
Signature, Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 6, 2006

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NELSON, QUINTON 2300 W ORANGE BLOSSOM TRAIL APOPKA, FL 32712	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition NELSON, QUINTON 357 W. 4th Street Apopka, Fl. 32703 Trustee
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NEAL, HAROLD 2300 W ORANGE BLOSSOM TRAIL APOPKA, FL 32712	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition NEAL, HAROLD 357 W. 4th Street Apopka, Fl. 32703 Trustee
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUCKSWORTH, ANTHONY T 2300 W ORANGE BLOSSOM TRAIL APOPKA, FL 32712	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition DUCKSWORTH Anthony T. 357 W. 4th Street Apopka, Fl. 32703 President
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition Williams, Virginia 357 W. 4th Street Apopka, Fl. 32703 Trustee
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition Bennett Shirley 357 W. 4th Street Apopka, Fl. 32703 Trustee
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	B 10/9/06	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 9/6/06 (407) 943-5398
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #