

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000004975 (8)

1. Corporation Name

NEW LIFE YOUTH MINISTRIES, INC.



Principal Place of Business

107 OSCEOLA AVE., S.
CLEARWATER FL 34616
US

Mailing Address

107 OSCEOLA AVE., S
CLEARWATER FL 34616
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

10/05/1994

3a. Date of Last Report

04/11/1995

4. FEI Number

59-3283631

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SLAUGHTER, JOHN E
1253 PARK STREET
CLEARWATER FL 34616

81 Name

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

83

84 City

FL

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

NAME CROWE, JAMES O
STREET ADDRESS 8206 DEVANE DRIVE
CITY-ST-ZIP TAMPA FL 33619

TITLE D ☐ DELETE

NAME DUCHECK, BURTON
STREET ADDRESS 1654 SHELDON DRIVE
CITY-ST-ZIP CLEARWATER FL 34624

TITLE D ☐ DELETE

NAME GROVE, JAMES G
STREET ADDRESS 3314 SAN CARLOS DRIVE
CITY-ST-ZIP CLEARWATER FL 34619

TITLE D ☐ DELETE

NAME MICKENS, MURICE
STREET ADDRESS 5114 POSTELL DRIVE
CITY-ST-ZIP HOLIDAY FL 34690

TITLE D ☒ DELETE

NAME PRATT, JAMES
STREET ADDRESS 3090 TANGLEWOOD DRIVE
CITY-ST-ZIP CLEARWATER FL 34621

TITLE D ☒ DELETE

NAME SCHMIDT, CATHY
STREET ADDRESS 207 MIDWAY ISLAND
CITY-ST-ZIP CLEARWATER FL 34630

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☐ Addition

1.2 NAME SCOTT, KEITH
1.3 STREET ADDRESS 2512 Old Village Way
1.4 CITY-ST-ZIP Oldsmar, FL 34677

2.1 TITLE D ☐ Change ☐ Addition

2.2 NAME SIGMON, MCBRIDE
2.3 STREET ADDRESS 2 Ambleside Drive
2.4 CITY-ST-ZIP Clearwater, FL 34616

3.1 TITLE D ☐ Change ☐ Addition

3.2 NAME WALLER, NANCY
3.3 STREET ADDRESS 1308 Mary L Street
3.4 CITY-ST-ZIP Clearwater, FL 34615

4.1 TITLE D ☐ Change ☐ Addition

4.2 NAME YINGLING, GEORGE
4.3 STREET ADDRESS 2119 Oak Grove Drive
4.4 CITY-ST-ZIP Clearwater, FL 34624

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Randolph Boone*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-96
Date

83461-4620
Daytime Phone #

22E037 (12/95)