


FILE NOW: FILING FEE IS \$61.25

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Jun 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000004975 (8)**

1. Corporation Name

**NEW LIFE YOUTH MINISTRIES, INC.**



Principal Place of Business <b>107 OSCEOLA AVE., S. CLEARWATER FL 34616 US</b>	Mailing Address <b>107 OSCEOLA AVE., S CLEARWATER FL 34616-5130 US</b>
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3. Date Incorporated or Qualified <b>10/05/1994</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business <b>21 1100 Cleveland St</b>	2a. Mailing Address <b>26 P.O. Box 1274</b>
Suite, Apt. #, etc. <b>22 Suite 1115</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23 Clearwater, FL</b>	City & State <b>28 Clearwater, FL</b>
Zip <b>24 34615</b>	Country <b>25 Pinellas</b>
Zip <b>29 34617</b>	Country <b>30 Pinellas</b>

4. FEI Number <b>59-3283631</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent  <b>SLAUGHTER, JOHN E 1253 PARK STREET CLEARWATER FL 34616</b>	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SCOTT, KEITH</b>	
STREET ADDRESS	<b>2512 OLD VILLAGE WAY</b>	
CITY-ST-ZIP	<b>OLDSMAR FL</b>	
TITLE	<b>D Treasurer</b>	<input type="checkbox"/> DELETE
NAME	<b>DUCHECK, BURTON</b>	
STREET ADDRESS	<b>1654 SHELDON DRIVE</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 34624</b>	
TITLE	<b>D Chairman of the Board</b>	<input type="checkbox"/> DELETE
NAME	<b>GROVE, JAMES G</b>	
STREET ADDRESS	<b>3314 SAN CARLOS DRIVE</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 34619</b>	
TITLE	<b>D Director</b>	<input type="checkbox"/> DELETE
NAME	<b>MICKENS, MAURICE</b>	
STREET ADDRESS	<b>5114 POSTELL DRIVE</b>	
CITY-ST-ZIP	<b>HOLIDAY FL 34690</b>	
TITLE	<b>D Vice-Chairman</b>	<input type="checkbox"/> DELETE
NAME	<b>SIGMON, MCBRIDE</b>	
STREET ADDRESS	<b>2 AMBLESIDE DRIVE</b>	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WALLER, NANCY</b>	
STREET ADDRESS	<b>1308 MARY L STREET</b>	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>CRUM, FRANK JR.</b>	
1.3 STREET ADDRESS	<b>3268 Nicks Place</b>	
1.4 CITY-ST-ZIP	<b>Clearwater, FL 34621</b>	
2.1 TITLE	<b>Executive Director/President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Boone, Randolph</b>	
2.3 STREET ADDRESS	<b>1141 Sunset Point Rd., Apt #2</b>	
2.4 CITY-ST-ZIP	<b>Clearwater, FL 34615</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	<b>Mickens, Maurice</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)