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May 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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	Mailing Address
107 OSCEOLA AVE., S. CLEARWATER FL 34616 US	107 OSCEOLA AVE., S. CLEARWATER FL 34616 US

3. Date Incorporated or Qualified	10/05/1994
4. FEI Number	59-3283631
Applied For	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc. 22 805 Turner Street	26 Suite, Apt. #, etc. 27 805 Turner Street
23 City & State 24 Clearwater	28 City & State 29 Clearwater, FL
25 Zip 30 33756	29 Zip 30 33756
Country 25 Pinellas	Country 30 Pinellas

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
SLAUGHTER, JOHN E 1253 PARK STREET CLEARWATER FL 34616

10. Name and Address of New Registered Agent
81 Name Lois D. Lowery
82 Street Address (P.O. Box Number is Not Acceptable)
1436 Heaven Sent Ln
83
84 City
Clearwater
85 Zip Code
FL 33755

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 Lois D. Lowery Lois D. Lowery 4/28/98

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	CRUM, FRANK J
STREET ADDRESS	3288 NICKS PLACE
CITY-ST-ZIP	CLEARWATER FL
TITLE	DT
NAME	DUHECK, BURTON
STREET ADDRESS	1654 SHELDON DRIVE
CITY-ST-ZIP	CLEARWATER FL
TITLE	D
NAME	GROVE, JAMES G
STREET ADDRESS	3314 SAN CARLOS DRIVE
CITY-ST-ZIP	CLEARWATER FL
TITLE	D
NAME	MICKENS, MAURICE
STREET ADDRESS	5114 POSTELL DRIVE
CITY-ST-ZIP	HOLIDAY FL
TITLE	DVC
NAME	SIGMON, MCBRIDE
STREET ADDRESS	2 AMBLESIDE DRIVE
CITY-ST-ZIP	CLEARWATER FL
TITLE	(EDP)
NAME	BOONE, RANDOLPH
STREET ADDRESS	1141 SUNSET POINT RD, APT. 2
CITY-ST-ZIP	CLEARWATER FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D
1.2 NAME	Rev. Walter C. Campbell
1.3 STREET ADDRESS	210 Meadow Lark Ln
1.4 CITY-ST-ZIP	Clearwater, FL 33759
2.1 TITLE	D
2.2 NAME	Commissioner Calvin Harris
2.3 STREET ADDRESS	315 Court St
2.4 CITY-ST-ZIP	Clearwater, FL 33756
3.1 TITLE	D
3.2 NAME	Rev. Lucius Pitts
3.3 STREET ADDRESS	1325 Springdale St
3.4 CITY-ST-ZIP	Clearwater, FL 33756
4.1 TITLE	D
4.2 NAME	Atty William L. Jennings
4.3 STREET ADDRESS	1822 Drew St
4.4 CITY-ST-ZIP	Clearwater, FL 33765
5.1 TITLE	D
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	P
6.2 NAME	Randolph Boone
6.3 STREET ADDRESS	1141 Sunset Point Rd, Apt. 2
6.4 CITY-ST-ZIP	Clearwater, FL 33755

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Lois D. Lowery 4-28-98 83-4614620

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