

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 27 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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N 20113

**DOCUMENT #**  
 1. Corporation Name  
**YOUTH GUIDANCE DONATION FUND OF INDIAN RIVER COUNTY, INC.**

Principal Place of Business <b>ERITA DION</b> <b>1028 20TH PLACE</b> <b>VERO BEACH, FL</b>	Mailing Address <b>ERITA DION</b> <b>P.O. BOX 121</b> <b>VERO BEACH, FL 32961</b>
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<b>2.</b> Principal Place of Business	<b>2a.</b> Mailing Address	<b>3.</b> Date Incorporated or Qualified 04/13/1987	<b>3a.</b> Date of Last Report 02/01/96
<b>21</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.	<b>4.</b> FEI Number 65-0017325	Applied For Not Applicable
<b>22</b> City & State	<b>27</b> City & State	<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
<b>23</b> Zip	<b>28</b> Zip	<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
<b>24</b> Country	<b>29</b> Country	<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

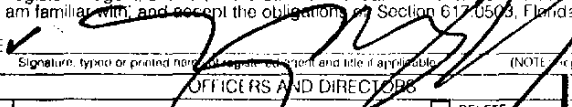
**8. Name and Address of Current Registered Agent**

**MCDONOUGH, WAYNE R, ESQ**  
**SALIBA & MCDONOUGH, PA**  
**1901 25TH STREET**  
**VERO BEACH, FL 32960**

**10. Name and Address of New Registered Agent**

**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:  DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT (D)</b> <b>LISA HARPRING</b> <b>5836 N ALA</b> <b>VERO BEACH, FL 32963</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE (D)</b> <b>LAURIE GWINNUP</b> <b>550 35TH AVENUE SW</b> <b>VERO BEACH, FL 32968</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY (D)</b> <b>CHARLIE SCHOONOVER</b> <b>1970 SHELL LANE</b> <b>VERO BEACH, FL 32963</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER (D)</b> <b>ROSEANNE MOLER (D)</b> <b>5125 TRADE WINDS DRIVE</b> <b>VERO BEACH, FL 32963</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR (D)</b> <b>RITA DION</b> <b>1028 20TH PLACE</b> <b>VERO BEACH, FL 32960</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	<input 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	

RWD  
5-27-97

**100002202771**  
**-06/05/97--01050--024**  
**\*\*\*61.25**

**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.

**SIGNATURE:**  **4/8/97 (561) 770-5040**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
**RITA DION**

CR2E037 (9/96)