


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

**FILED**  
**Apr 01 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N20113 (9)**

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



Principal Place of Business <b>C/O RITA DION                  1028 20TH PLACE                  VERO BEACH FL 32961</b>	Mailing Address <b>PO BOX 121                  C/O RITA DION                  VERO BEACH FL 32961</b>
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3. Date Incorporated or Qualified <b>04/13/1987</b>		
4. FEI Number <b>65-0017325</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
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		

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>28</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent

**MCDONOUGH, WAYNE R, ESO  
 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
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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DION, RITA</b>	1.2 NAME	
STREET ADDRESS	<b>1028 N A1A, APT. C-26</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>INDIAN RIVER SHORES,</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GWINNUP, LAURIE</b>	2.2 NAME	
STREET ADDRESS	<b>550 35TH AVENUE SW</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VERO BEACH FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>SD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHOONOVER, CHARLIE</b>	3.2 NAME	
STREET ADDRESS	<b>1970 SHELL LANE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VERO BEACH FL 32963</b>	3.4 CITY-ST-ZIP	
TITLE	<b>PD</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARPRING, LISA</b>	4.2 NAME	
STREET ADDRESS	<b>5836 NORTH A1A</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VERO BEACH FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>TD</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOLER, ROSEANNE</b>	5.2 NAME	
STREET ADDRESS	<b>5125 TRADEWINDS DR</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VERO BEACH FL 32963</b>	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: *Rita Dion* **2/19/98**

CR2E037 (10/97)