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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N20113

1. Corporation Name

YOUTH GUIDANCE DONATION FUND OF INDIAN RIVER COUNTY, INC.

Principal Place of Business

C/O RITA DION
 1028 20TH PLACE
 VERO BEACH FL 32961

Mailing Address

PO BOX 121
 C/O RITA DION
 VERO BEACH FL 32961



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	04/13/1987	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Country	65-0017325	
24	Country	29	Country	Applied For	
25		30		Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/>	
MCDONOUGH, WAYNE R, ESQ SALIBA & MCDONOUGH, PA 1901 25TH STREET VERO BEACH FL 32960				\$8.75 Additional Fees Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MCDONOUGH, WAYNE R, ESQ SALIBA & MCDONOUGH, PA 1901 25TH STREET VERO BEACH FL 32960				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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	D DION, RITA <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DION, RITA	1.2 NAME	
STREET ADDRESS	1028 N A1A, APT. C-26	1.3 STREET ADDRESS	
CITY-ST-ZIP	INDIAN RIVER SHORES,	1.4 CITY-ST-ZIP	
TITLE	VD GWINNUP, LAURIE <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GWINNUP, LAURIE	2.2 NAME	
STREET ADDRESS	550 35TH AVENUE SW	2.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	2.4 CITY-ST-ZIP	
TITLE	SD SCHOONOVER, CHARLIE <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHOONOVER, CHARLIE	3.2 NAME	COILINS, KATHY
STREET ADDRESS	1970 SHELL LANE	3.3 STREET ADDRESS	341 WESTWIND COURT
CITY-ST-ZIP	VERO BEACH FL 32963	3.4 CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	PD HARPRING, LISA <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARPRING, LISA	4.2 NAME	
STREET ADDRESS	5836 NORTH A1A	4.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	4.4 CITY-ST-ZIP	
TITLE	TD MOLER, ROSEANNE <input checked="" type="checkbox"/> DELETE	5.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOLER, ROSEANNE	5.2 NAME	DAPP, ROBIN
STREET ADDRESS	5125 TRADEWINDS DR	5.3 STREET ADDRESS	545 46TH COURT
CITY-ST-ZIP	VERO BEACH FL 32963	5.4 CITY-ST-ZIP	VERO BEACH, FL 32968
TITLE	<input type="checkbox"/> DELETE	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, with all other like empowered.

SIGNATURE: *Katherine Harris* **REQUIRED** DION 1/28/99 (561)770-5041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)