

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90101 030 ****61.25

DOCUMENT # N20113

1. Entity Name

YOUTH GUIDANCE DONATION FUND OF INDIAN RIVER COU

637121



DO NOT WRITE IN THIS SPACE

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 32961-0121
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0017325	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
MCDONOUGH, WAYNE R, ESQ SALIBA & MCDONOUGH, PA 1901 25TH STREET VERO BEACH FL 32960				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City				FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DION, RITA			NAME	PHIL BARTH		
STREET ADDRESS	1028 N A1A, APT. C-26			STREET ADDRESS	376 EUGENIA ROAD		
CITY-ST-ZIP	INDIAN RIVER SHORES.			CITY-ST-ZIP	VERO BEACH, FL 32963		
TITLE	VD	<input checked="" type="checkbox"/> Delete		TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GWINNUP, LAURIE			NAME	JACKIE SOLARI		
STREET ADDRESS	550 35TH AVENUE SW.			STREET ADDRESS	730 PAINTED BUNTING LANE		
CITY-ST-ZIP	VERO BEACH FL			CITY-ST-ZIP	VERO BEACH, FL 32963		
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	COLLINS, KATHY			NAME	MAUREEN WOODWARD		
STREET ADDRESS	341 WESTWIND COURT			STREET ADDRESS	160 MCKEE LANE		
CITY-ST-ZIP	VERO BEACH FL 32963			CITY-ST-ZIP	VERO BEACH, FL 32960		
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HARPRING, LISA			NAME	MICHELLE MCCOLLERS		
STREET ADDRESS	5836 NORTH A1A			STREET ADDRESS	319 13TH STREET SW		
CITY-ST-ZIP	VERO BEACH FL			CITY-ST-ZIP	VERO BEACH, FL 32962		
TITLE	TD	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DAPP, ROBIN			NAME			
STREET ADDRESS	545 46TH COURT			STREET ADDRESS			
CITY-ST-ZIP	VERO BEACH FL 32968			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *Rita Dion* **RITA DION**
 _____ **3/30/00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)