

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90103 014 ****61.25

DOCUMENT # N20113

1. Entity Name

YOUTH GUIDANCE DONATION FUND OF INDIAN RIVER COUNTY, INC.

Principal Place of Business

Mailing Address

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

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

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

Not Applicable

5. Certificate of Status Desired ☐

\$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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25.

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
 NAME **DION, RITA**
 STREET ADDRESS **1028 N A1A, APT. C-26**
 CITY-ST-ZIP **INDIAN RIVER SHORES,**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** ☐ Delete
 NAME **SEXTON, CHRIS**
 STREET ADDRESS **8005 37TH STREET**
 CITY-ST-ZIP **VERO BEACH FL 32966**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** ☐ Delete
 NAME **BENNETT, LAURIE**
 STREET ADDRESS **1170 6TH AVE #30C**
 CITY-ST-ZIP **VERO BEACH FL 32960**

TITLE **Vice President** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☒ Delete
 NAME **COLLINS, KATHY**
 STREET ADDRESS **241 WESTWIND COURT**
 CITY-ST-ZIP **VERO BEACH FL 32963**

TITLE **Secretary** ☐ Change ☒ Addition
 NAME **Jackie Solari**
 STREET ADDRESS **730 Painted Quoting Lane**
 CITY-ST-ZIP **VERO Beach, FL 32943**

TITLE **TD** ☐ Delete
 NAME **MCCULLERS, MICHELLE**
 STREET ADDRESS **319 13 STREET SW**
 CITY-ST-ZIP **VERO BEACH FL 32962**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

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

3/26/02 561-770-5041
 Date Daytime Phone #

CR2E037 (9/01)