


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90093 036 ****61.25

DOCUMENT # N20113					
1. Entity 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0017325	
Zip		Country		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		
			State 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
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		
STREET ADDRESS	1028 N A1A, APT. C-26		STREET ADDRESS		
CITY-ST-ZIP	INDIAN RIVER SHORES, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEXTON, CHRIS		NAME		
STREET ADDRESS	8005 37TH STREET		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32966		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WYKOFF, LAURIE		NAME	Tremblay, Randy	
STREET ADDRESS	1170 6TH AVE 1A		STREET ADDRESS	821 Jamaica Avenue	
CITY-ST-ZIP	VERO BEACH, FL 32960		CITY-ST-ZIP	Sebastian, FL 32958	
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DION, MICHELLE		NAME		
STREET ADDRESS	PO BOX 4101		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32964		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLLINS, KATHY		NAME	Sobriy Jackie	
STREET ADDRESS	341 WESTWARD CT		STREET ADDRESS	730 Painted Bunting Lane	
CITY-ST-ZIP	VERO BEACH, FL 32963		CITY-ST-ZIP	VERO Beach, FL 32963	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTH, PHIL		NAME	Thistle, Gerry	
STREET ADDRESS	376 EUGENIA RD		STREET ADDRESS	2650 Paloma Drive	
CITY-ST-ZIP	VERO BEACH, FL 32963		CITY-ST-ZIP	VERO Beach, FL 32960	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Rita Dion</i>			Date: 2/16/06 Daytime Phone #: 772 740 5041		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					