

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2003 8:00 am**  
**Secretary of State**

03-27-2003 90127 023 \*\*\*\*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

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                                 |                                 |
|----------------|---------------------------------|---------------------------------|
| TITLE          | <b>D</b>                        | <input type="checkbox"/> Delete |
| NAME           | <b>DION, RITA</b>               |                                 |
| STREET ADDRESS | <b>1028 N A1A, APT. C-26</b>    |                                 |
| CITY-ST-ZIP    | <b>INDIAN RIVER SHORES,</b>     |                                 |
| TITLE          | <b>PO</b>                       | <input type="checkbox"/> Delete |
| NAME           | <b>SEXTON, CHRIS</b>            |                                 |
| STREET ADDRESS | <b>8005 37TH STREET</b>         |                                 |
| CITY-ST-ZIP    | <b>VERO BEACH FL 32966</b>      |                                 |
| TITLE          | <b>V</b>                        | <input type="checkbox"/> Delete |
| NAME           | <b>BENNETT, LAURIE</b>          |                                 |
| STREET ADDRESS | <b>1170 6TH AVE #30C</b>        |                                 |
| CITY-ST-ZIP    | <b>VERO BEACH FL 32960</b>      |                                 |
| TITLE          | <b>TD</b>                       | <input type="checkbox"/> Delete |
| NAME           | <b>MCCOLLERS, MICHELLE</b>      |                                 |
| STREET ADDRESS | <b>319 13 STREET SW</b>         |                                 |
| CITY-ST-ZIP    | <b>VERO BEACH FL 32962</b>      |                                 |
| TITLE          | <b>S</b>                        | <input type="checkbox"/> Delete |
| NAME           | <b>SOLARI, JACKIE</b>           |                                 |
| STREET ADDRESS | <b>730 PAINTED BUNTING LANE</b> |                                 |
| CITY-ST-ZIP    | <b>VERO BEACH FL 32963</b>      |                                 |
| TITLE          |                                 | <input type="checkbox"/> Delete |
| NAME           |                                 |                                 |
| STREET ADDRESS |                                 |                                 |
| CITY-ST-ZIP    |                                 |                                 |

|                |                             |  |
|----------------|-----------------------------|--|
| TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |
| TITLE          | <b>VP</b>                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>Sexton, Chris</b>        |  |
| STREET ADDRESS | <b>8005 37th Street</b>     |  |
| CITY-ST-ZIP    | <b>VERO BEACH, FL 32966</b> |  |
| TITLE          | <b>WYKO P, LAURIE</b>       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>member at large</b>      |  |
| STREET ADDRESS | <b>1170 6th Ave #1A</b>     |  |
| CITY-ST-ZIP    | <b>VERO BEACH, FL 32960</b> |  |
| TITLE          | <b>PO</b>                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>MCCOLLERS, Michelle</b>  |  |
| STREET ADDRESS | <b>PO BOX 4101</b>          |  |
| CITY-ST-ZIP    | <b>VERO BEACH, FL 32964</b> |  |
| TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |
| TITLE          | <b>TREASURER</b>            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>BARKH, Phil</b>          |  |
| STREET ADDRESS | <b>376 EUGENIA RD</b>       |  |
| CITY-ST-ZIP    | <b>VERO BEACH, FL 32963</b> |  |

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: **REQUIRED**

**RITA DION 3/13/03 442-440-5041**

CR2E037 (10/02)