

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB -9 AM 11:30

DOCUMENT # 751343 (5)

1. Corporation Name

EXCHANGE YOUTH MANOR OF INDIAN RIVER COUNTY, INC.

Principal Place of Business

Mailing Address

6500 N. US HIGHWAY  
P.O. BOX 6525  
VERO BEACH FL 32961  
US

P.O. BOX 6525  
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VERO BEACH FL 32961  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/03/1980

3a. Date of Last Report

02/07/1994

4. FEI Number

59-2074724

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fees Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status

☒

\$68.75 Supplemental  
Fees Not Required

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

O'NEILL, EUGENE J  
979 BEACHLAND BLVD  
VERO BEACH FL 32963

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME BERTOLETTE, RANDALL D  
STREET ADDRESS 3740 20TH STREET  
CITY-ST-ZIP VERO BEACH FL

1.1 TITLE P/D  
1.2 NAME Richard Schlitt  
1.3 STREET ADDRESS 1830 Commerce Ave  
1.4 CITY-ST-ZIP Vero Beach, FL 32960

☒ Change ☐ Addition

TITLE TD  
NAME SCHLITT, RICHARD  
STREET ADDRESS 1830 COMMERCE AVE  
CITY-ST-ZIP VERO BEACH FL

2.1 TITLE V/D Ruth Rexford  
2.2 NAME 1220 28th Ave.  
2.3 STREET ADDRESS Vero Beach, FL 32960  
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE VD  
NAME PAPERTH, CHARLES  
STREET ADDRESS 2800 OCEAN DR - STE A  
CITY-ST-ZIP VERO BCH, FL 00000

3.1 TITLE T/D  
3.2 NAME Charles Paperth  
3.3 STREET ADDRESS 2800 Ocean Ave., Suite A  
3.4 CITY-ST-ZIP Vero Beach, FL 32963

☒ Change ☐ Addition

TITLE SD  
NAME REXFORD, RUTH  
STREET ADDRESS 1220 28TH AVE  
CITY-ST-ZIP VERO BCH, FL 00000

4.1 TITLE S  
4.2 NAME Beverly Whitely  
4.3 STREET ADDRESS 1906 33rd Ave.  
4.4 CITY-ST-ZIP Vero Beach, FL 32960

☒ Change ☐ Addition

TITLE D  
NAME VAN NAME, ROBERT C.  
STREET ADDRESS 371 INDIAN HARBOR RD.  
CITY-ST-ZIP VERO BCH, FL 00000

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D  
NAME O'NEILL, EUGENE J  
STREET ADDRESS 979 BEACHLAND BLVD  
CITY-ST-ZIP VERO BCH, FL

6.1 TITLE Tr  
6.2 NAME Hurst, Harry  
6.3 STREET ADDRESS 2075 DeLeon Ave.  
6.4 CITY-ST-ZIP Vero Beach, FL 32960

☒ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Schlitt, President

407-562-2856

Date

Signature Printed Name