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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # N20113 (9)
 1. Corporation Name
**YOUTH GUIDANCE DONATION FUND OF INDIAN RIVER COU
 NTY, INC.**

Principal Place of Business Mailing Address
% RITA J DION **% RITA J DION**
P.O. BOX 121 **P.O. BOX 121**
VERO BEACH FL 32961 **VERO BEACH FL 32961**

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified 3a. Date of Last Report
04/13/1987 **02/23/1994**
 4. FEI Number Applied For
65-0017325 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee 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 Fee Not Required
 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
MCDONOUGH, WAYNE R, ESQ
SALIBA & MCDONOUGH, PA
2050 40TH AVENUE, SUITE 2
VERO BEACH FL 32960

10. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DION, RITA 5100 N A1A, APT. C-28 INDIAN RIVER SHORES,	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D LAURIE GWINNUP 550 35th Ave. SW, Vero Beach, FL 32962
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEIL, HOLLY 443 S.E. 21ST PLACE VERO BEACH FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition S Holly Steil 460 10th ST. SW, Vero Beach, FL 32962
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELSON, GREG 519 BAY DRIVE VERO BEACH FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition V Lisa Harpring 5836 No A1A, Vero Beach, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURNETT, ED 1282 13TH AVENUE VERO BEACH FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition T Ed Burnett 1046 28th St., Vero Beach, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARPRING, LISA 5838 NO A1A VERO BEACH FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Don Schneider 181 13th Ave., Vero Beach, FL 32962
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOLER, ROSEANNE 5125 TRADEWINDS DR VERO BEACH FL 32963	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Charles Schoonover 1970 Shell Lane, Vero Beach, FL 32963

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 119.07(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 of this report, or on an attachment with an address.

SIGNATURE: *Rita J. Dion*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Rita Dion, President, Director
 3/3/95 (407) 740-5041
 Date Daytime Phone