

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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 COUNTY, INC.



Principal Place of Business

Mailing Address

% RITA J DION
P.O. BOX 121
VERO BEACH FL 32961

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P.O. BOX 121
VERO BEACH FL 32961

3. Date Incorporated or Qualified **04/13/1987** 3a. Date of Last Report **03/10/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number **65-0017325** Applied For 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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCDONOUGH, WAYNE R, ESQ
SALIBA & MCDONOUGH, PA
2050 40TH AVENUE, SUITE 2
VERO BEACH FL 32960**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE PD
NAME DION, RITA
STREET ADDRESS 5100 N A1A, APT. C-26
CITY-ST-ZIP INDIAN RIVER SHORES

1.1 TITLE S/D
1.2 NAME Steil, Holly
1.3 STREET ADDRESS 460 10th St. SW
1.4 CITY-ST-ZIP Vero Beach, FL 32962

TITLE D
NAME STEIL, HOLLY
STREET ADDRESS 460 10TH STREET S.W.
CITY-ST-ZIP VERO BEACH FL

2.1 TITLE D
2.2 NAME Elenbaum, Shelley
2.3 STREET ADDRESS 1245 28th Ave.
2.4 CITY-ST-ZIP Vero Beach, FL 32962

TITLE V
NAME HARPRING, LISA
STREET ADDRESS 5836 NO A1A
CITY-ST-ZIP VERO BEACH FL

3.1 TITLE D
3.2 NAME Gwinnup, Laurie
3.3 STREET ADDRESS 550 35th Ave. SW, Vero Bch, FL 32962

TITLE T
NAME BURNETT, ED
STREET ADDRESS 1046 28TH STREET
CITY-ST-ZIP VERO BEACH FL

4.1 TITLE T/D
4.2 NAME Burnett, Ed
4.3 STREET ADDRESS 1046 23th St.
4.4 CITY-ST-ZIP Vero Beach, FL 32960

TITLE D
NAME SCHNEIDER, DON
STREET ADDRESS 181 13TH AVENUE
CITY-ST-ZIP VERO BEACH FL

5.1 TITLE VP/D
5.2 NAME Harpring, Lisa
5.3 STREET ADDRESS 5836 No. A1A
5.4 CITY-ST-ZIP Vero Beach, FL 32963

TITLE D
NAME MOLER, ROSEANNE
STREET ADDRESS 5125 TRADEWINDS DR
CITY-ST-ZIP VERO BEACH FL 32963

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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)(k), 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 617, 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

Rita J. Dion

2/1/96

Date 2/1/96 Daytime Phone # 407-770-5041

CR2E037 (12/95)