FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

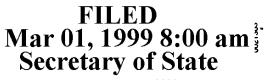
1999 **DOCUMENT # N20113**

YOUTH GUIDANCE DONATION FUND OF INDIAN RIVER COU NTY, 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



03-01-1999 90080 024 ****61.25

2. Principal P	Place of Business 24. Mailing Address 26				04/13/1987			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Apr	olied For		
27					65-0017325	Not	Applicable	
City & Stat	City & State City & State				5. Certificate of Status Desired \$8.75 Addition Fee Required			
Zip	Country Zip 25 29 3				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
	9. Name and Address of Current		_		10. Name and Address of New Regis	stered Agent		
			81	Name				
MCDONOUGH, WAYNE R, ESQ SALIBA & MCDONOUGH, PA				82 Street Address (P.O. Box Number is Not Acceptable)				
VERO BEACH FL 32960				City		85 Zip C	ode	
				-		FL		
office or r	to the provisions of Sections 617.0502 egistered agent, or both, in the State o m familiar with, and accept the obligation	f Florida. Such change was at	utnorized by	tne corporati	poration submits this statement for the purpon's board of directors. I hereby accept the	ose of changing its of appointment as reg	registered jistered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agen	signature require	ed when reinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	RS IN 12	
TITLE	D DELETE		1.1 TITLE			Change	Addition	
NAME	DION, RITA	4			-			
STREET ADDRESS	1028 N A1A, APT. C-26		1.3 STREET	ADDRESS			į	
CITY-ST-ZIP	INDIAN RIVER SHORES,		1.4 CITY-ST-ZIP					
TITLE	VD	☐ DELETE	2.1 TITLE			Change	. Addition	
NAME	GWINNUP, LAURIE		2.2 NAME					
STREET ADDRESS	550 35TH AVENUE SW		2.3 STREET	ADDRESS		•		
CITY-ST-ZIP	VERO BEACH FL		2. 4 CITY-S	T-ZIP				
TITLE	SD	DELETE	3.1 TITLE	[;	SD	☐ Change	Addition X	
NAME	SCHOONOVER, CHARLIE		3.2 NAME		COLLINS, KATHY		'•	
STREET ADDRESS	1970 SHELL LANE		3.3 STREET	ADORESS	341 WESTWIND COURT			
CITY-ST-ZIP	VERO BEACH FL 32963		3.4, CITY-S	T-ZIP '	VERO BEACH, FL 329			
TITLE	PD	☐ DELETE	4.1 TITLE			. Change	Addition	
NAME	HARPRING, LISA		4. 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP	VERO BEACH FL		4.4 CITY-ST			C7.01	571 Addition	
TITLE	TD	DELETE	5.1 TITLE		TD	Change		
NAME	MOLER, ROSEANNE	•	5.2 NAME		DAPP, ROBIN			
STREET ADDRESS	5125 TRADEWINDS DR		5.3 STREET		545 46TH COURT			
CITY-ST-ZIP	VERO BEACH FL 32963		5.4 CITY-ST	-ZIP	<u>VERO BEACH, FL 329</u> 0		Addition	
TITLE		☐ DELETE	6.1 TITLE		· ·	☐ Change	- Modison	
NAME			6.2 NAME			•		
STREET ADDRESS			6.3 STREET					
ACCUST TIP			6.4 CITY-S	r-ZIP				

14. 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 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, with all other like empowered.

NAME OF SIGNING OFFICER OR DIRECTOR

1/28/99

(561)770-5041