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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N20113

1. Corporation 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

2a. Mailing Address

3. Date Incorporated or Qualified

04/13/1987

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0017325

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCDONOUGH, WAYNE R, ESQ
 SALIBA & MCDONOUGH, PA
 1901 25TH STREET
 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** DELETE
 NAME **DION, RITA**
 STREET ADDRESS **1028 N A1A, APT. C-26**
 CITY-ST-ZIP **INDIAN RIVER SHORES,**

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE **VD** DELETE
 NAME **GWINNUP, LAURIE**
 STREET ADDRESS **550 35TH AVENUE SW**
 CITY-ST-ZIP **VERO BEACH FL**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE **SD** DELETE
 NAME **SCHOONOVER, CHARLIE**
 STREET ADDRESS **1970 SHELL LANE**
 CITY-ST-ZIP **VERO BEACH FL 32963**

3.1 TITLE Change Addition
 3.2 NAME **COILINS, KATHY**
 3.3 STREET ADDRESS **341 WESTWIND COURT**
 3.4 CITY-ST-ZIP **VERO BEACH, FL 32963**

TITLE **PD** DELETE
 NAME **HARPRING, LISA**
 STREET ADDRESS **5836 NORTH A1A**
 CITY-ST-ZIP **VERO BEACH FL**

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

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

5.1 TITLE Change Addition
 5.2 NAME **DAPP, ROBIN**
 5.3 STREET ADDRESS **545 46TH COURT**
 5.4 CITY-ST-ZIP **VERO BEACH, FL 32968**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-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.

SIGNATURE: *Rita Dion* **REQUIRED** DION

1/28/99

(561)770-5041

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/98)