

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90101 030 ****61.25

DOCUMENT # N20113

1. Entity Name

YOUTH GUIDANCE DONATION FUND OF INDIAN RIVER COU

637121



DO NOT WRITE IN THIS SPACE

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 32961-0121
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0017325	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required -	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
MCDONOUGH, WAYNE R, ESQ SALIBA & MCDONOUGH, PA 1901 25TH STREET VERO BEACH FL 32960				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City				FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DION, RITA 1028 N A1A, APT. C-26 INDIAN RIVER SHORES.	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GWINNUP, LAURIE 550 35TH AVENUE SW. VERO BEACH FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	PD PHIL BARTH 376 EUGENIA ROAD VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COLLINS, KATHY 341 WESTWIND COURT VERO BEACH FL 32963	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	SD JACKIE SOLARI 730 PAINTED BUNTING LANE VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARPRING, LISA 5836 NORTH A1A VERO BEACH FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	VD MAUREEN WOODWARD 160 MCKEE LANE VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DAPP, ROBIN 545 46TH COURT VERO BEACH FL 32968	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TD MICHELLE MCCOLLERS 319 13TH STREET SW VERO BEACH, FL 32962
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED *Rita Dion* **RITA DION**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **3/30/00**

CR2E037 (9/99)