


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 03, 2005 8:00 am**  
**Secretary of State**

02-03-2005 90037 011 \*\*\*\*61.25

**DOCUMENT # N20113**

1. Entity 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  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



01042005 Chg-NP CR2E037 (10/03)

4. FEI Number  
 65-0017325 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 MCDONOUGH, WAYNE R, ESQ  
 SALIBA & MCDONOUGH, PA  
 1901 25TH STREET  
 VERO BEACH, FL 32960

7. Name and Address of New Registered Agent  
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting) DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D	<input type="checkbox"/> Delete	TITLE DION, RITA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DION, RITA		NAME DION, RITA	
STREET ADDRESS 1028 N A1A, APT. C-26		STREET ADDRESS 1028 N A1A, APT. C-26	
CITY-ST-ZIP INDIAN RIVER SHORES, FL 32909		CITY-ST-ZIP INDIAN RIVER SHORES, FL 32909	
TITLE VP	<input type="checkbox"/> Delete	TITLE Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SEXTON, CHRIS		NAME SEXTON, CHRIS	
STREET ADDRESS 8005 37TH STREET		STREET ADDRESS 8005 37TH STREET	
CITY-ST-ZIP VERO BEACH, FL 32966		CITY-ST-ZIP VERO BEACH, FL 32966	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WYKOFF, LAURIE		NAME	
STREET ADDRESS 1170 6TH AVE 1A		STREET ADDRESS	
CITY-ST-ZIP VERO BEACH, FL 32960		CITY-ST-ZIP	
TITLE P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DION, MICHELLE		NAME	
STREET ADDRESS PO BOX 4101		STREET ADDRESS	
CITY-ST-ZIP VERO BEACH, FL 32964		CITY-ST-ZIP	
TITLE S - Kathy Collins	<input type="checkbox"/> Delete	TITLE Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SOLARI, JACKIE		NAME Kathy Collins	
STREET ADDRESS 730 PAINTED BUNTING LANE		STREET ADDRESS 341 Westwind Ct	
CITY-ST-ZIP VERO BEACH, FL 32963		CITY-ST-ZIP VERO BEACH, FL 32963	
TITLE VP	<input type="checkbox"/> Delete	TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BARTH, PHIL		NAME	
STREET ADDRESS 376 EUGENIA RD		STREET ADDRESS	
CITY-ST-ZIP VERO BEACH, FL 32963		CITY-ST-ZIP	

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: *Rita Dion* 1/28/05 772-710-5040  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #