

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90058 043 ****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 - No P.O. Box # 1028 20th Place		3. Mailing Address PO Box 121	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Vero Beach FL		City & State Vero Beach, FL	
Zip 32961		Zip 32960	
Country IRL		Country IR	
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 </div> </div>			
TITLE	D	<input checked="" type="checkbox"/> Delete	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP DION, RITA 1028 N A1A, APT. C-26 INDIAN RIVER SHORES, FL </div> <div style="width: 48%;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP Barbara Schliff Ford 806 Hibiscus Lane VB, FL 32963 </div> </div>
TITLE	D	<input checked="" type="checkbox"/> Delete	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> NAME STREET ADDRESS CITY-ST-ZIP SEXTON, CHRIS 8005 37TH STREET VERO BEACH, FL 32966 </div> <div style="width: 48%;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP President Gerry Thistle 21056 Paloma Dr. Vero Beach, FL 32960 </div> </div>
TITLE	VP	<input type="checkbox"/> Delete	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> NAME STREET ADDRESS CITY-ST-ZIP TREMBLAY, RANDY 821 JAMAICA AVE SEBASTIAN, FL 32958 </div> <div style="width: 48%;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP VP </div> </div>
TITLE	P	<input checked="" type="checkbox"/> Delete	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> NAME STREET ADDRESS CITY-ST-ZIP DION, MICHELLE PO BOX 4101 VERO BEACH, FL 32964 </div> <div style="width: 48%;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP Secretary Candace Macmillan 21056 Cardinal Dr. Vero Beach, FL 32963 </div> </div>
TITLE	S	<input checked="" type="checkbox"/> Delete	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> NAME STREET ADDRESS CITY-ST-ZIP SOBARI, JACKIE 730 PAINTED BUNTING LN VERO BEACH, FL 32963 </div> <div style="width: 48%;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP Treasurer Steve Smith 11646 24th St Vero Beach, FL 32960 </div> </div>
TITLE	VP	<input checked="" type="checkbox"/> Delete	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> NAME STREET ADDRESS CITY-ST-ZIP BARTH, PHIL 376 EUGENIA RD VERO BEACH, FL 32963 </div> <div style="width: 48%;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP D Mark Hornbuckle 11640 First Street, SW Vero Beach, FL 32962 </div> </div>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]

1/29/07

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