2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20113

FILED Apr 08, 2009 Secretary of State

Entity Name: YOUTH GUIDANCE DONATION FUND OF INDIAN RIVER COUNTY, INC.

Current Pi	rincipal Place	of Business:	New Princi	New Principal Place of Business:			
1028 20TH VERO BE <i>F</i>	PLACE ACH, FL 3296	1		1028 20TH PLACE VERO BEACH, FL 32960			
Current M	ailing Addres	s:	New Mailir	New Mailing Address:			
PO BOX 121 VERO BEACH, FL 32960				PO BOX 121 VERO BEACH, FL 32961			
FEI Number:	65-0017325	FEI Number Applied For ()	El Number Not Appli	cable () Ce	ertificate of Status Desired	()	
Name and	Address of C	Current Registered Agent:	Name and	Address of New	Registered Agent:		
SALIBA & I 1901 25TH VERO BEA The above	ACH, FL 3296	H, PA	pose of changing it	s registered office	e or registered agent, o	r both,	
SIGNATUF							
010117(101		ic Signature of Registered Agent			Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () FORD, BARBA 4435 55TH STF VERO BEACH,	REET	Title: Name: Address: City-St-Zip:	() Cha	ange () Addition		
Title: Name: Address: City-St-Zip:	P () TREMBLAY, RA 821 JAMAICA A SEBASTIAN, FI	VENUE	Title: Name: Address: City-St-Zip:	() Cha	ange () Addition		
Title: Name: Address: City-St-Zip:	VP () GIANNOTTI, DE 4815 48TH AVE VERO BEACH,	ENUE	Title: Name: Address: City-St-Zip:	() Cha	ange () Addition		
Title: Name: Address: City-St-Zip:	S () MCMILLAN, CA 2660 CARDINA VERO BEACH,	L DR	Title: Name: Address: City-St-Zip:	() Cha	ange () Addition		
Title: Name: Address: City-St-Zip:	T () GRAHAM, PATI 3111 CARDINA VERO BEACH,	L DRIVE	Title: Name: Address: City-St-Zip:	() Cha	ange () Addition		
Title: Name: Address: City-St-Zip:	D () HORNBUCKLE 2160 FIRST ST VERO BEACH,	sw	Title: Name: Address: City-St-Zip:	D (X) Cha HORNBUCKLE, MA 6160 FIRST ST SW VERO BEACH, FL	1		
l hereby ce	rtify that the in	formation supplied with this filing o	loes not qualify for	the exemption st	rated in Chanter 119		

Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA SCHLITT FORD E.D. 04/08/2009