

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Nov 26, 2012
Secretary of State

DOCUMENT# N20113

Entity Name: YOUTH GUIDANCE DONATION FUND OF INDIAN RIVER COUNTY, INC.**Current Principal Place of Business:**1028 20TH PLACE
VERO BEACH, FL 32960**New Principal Place of Business:****Current Mailing Address:**PO BOX 121
VERO BEACH, FL 32961**New Mailing Address:****FEI Number:** 65-0017325**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**PESHKE, JENNIFER D
3355 OCEAN DRIVE
VERO BEACH, FL 32963 US**Name and Address of New Registered Agent:**PESHKE, JENNIFER D
560 SHORT ROAD
VERO BEACH, FL 32963 US

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:

11/26/2012

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:**

Title: C
Name: TREMBLAY, RANDY
Address: 821 JAMAICA AVENUE
City-St-Zip: SEBASTIAN, FL 32958 US

Title: VC
Name: PESHKE, JENNIFER D
Address: 560 SHORT ROAD
City-St-Zip: VERO BEACH, FL 32963 US

Title: T
Name: GRAHAM, PATRICK
Address: 2800 OCEAN DRIVE
City-St-Zip: VERO BEACH, FL 32963 US

Title: S
Name: MOREE, KEVIN
Address: 1324 CORAL PARK LANE
City-St-Zip: VERO BEACH, FL 32963 US

Title: BD M
Name: HORNBUCKLE, REBECCA
Address: 6160 FIRST ST. SW
City-St-Zip: VERO BEACH, FL 32968 US

Title: BD M
Name: BATES, CATHI
Address: 7395 49TH ST.
City-St-Zip: VERO BEACH, FL 32967 US

I hereby 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 all other like empowered.

SIGNATURE: RANDY TREMBLAY

C

11/26/2012

Electronic Signature of Signing Officer or Director_____
Date