

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90127 023 ****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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0017325**

Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[Signature]* DATE: **3/21/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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
NAME	DION, RITA	
STREET ADDRESS	1028 N A1A, APT. C-26	
CITY-ST-ZIP	INDIAN RIVER SHORES,	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SEXTON, CHRIS	
STREET ADDRESS	8005 37TH STREET	
CITY-ST-ZIP	VERO BEACH FL 32966	
TITLE	V	<input type="checkbox"/> Delete
NAME	BENNETT, LAURIE	
STREET ADDRESS	1170 6TH AVE #30C	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCCOLLERS, MICHELLE	
STREET ADDRESS	319 13 STREET SW	
CITY-ST-ZIP	VERO BEACH FL 32962	
TITLE	S	<input type="checkbox"/> Delete
NAME	SOLARI, JACKIE	
STREET ADDRESS	730 PAINTED BUNTING LANE	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEXTON, CHRIS	
STREET ADDRESS	8005 37th Street	
CITY-ST-ZIP	VERO BEACH, FL 32966	
TITLE	MEMBER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WYKO P. LAURIE	
STREET ADDRESS	1170 6th Ave #1A	
CITY-ST-ZIP	VERO BEACH, FL 32960	
TITLE	PAO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCOLLERS, Michelle	
STREET ADDRESS	PO BOX 4101	
CITY-ST-ZIP	VERO BEACH, FL 32964	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARON, PHIL	
STREET ADDRESS	376 EUGENIA RD	
CITY-ST-ZIP	VERO BEACH, FL 32963	

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]* **REQUIRE** **RITA DION** **3/13/03** **442-470-5041**

CR2E037 (10/02)