FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995 6-14-95 B-12287 XC

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 14 AM 9:20

DOCUMENT # N37487 (8)

1. Corporation Name

INDIAN RIVER YOUTH HABILITATION FOUNDATION (IRYH F) INCORPORATED

Principal Place of Business	Mailing Address
801 154TH AVE. VERO BCH. FL 32966 US	801 154TH AVE. VERO BCH. FL 32966 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/02/1990
3a. Date of Last Report: 07/11/1994
4. FEI Number: 59-3005032 ☒ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

COFFEY, SANDY REV
801 154TH AVE.
VERO BCH. FL 32966

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	COFFEY, SANDY REV	12 NAME	
STREET ADDRESS	801 154TH AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH. FL	14 CITY-ST-ZIP	
TITLE	VDP	21 TITLE	☐ Change ☐ Addition
NAME	COFFEY, RICHARD K.	22 NAME	
STREET ADDRESS	801 154TH AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	BATES, JON W	32 NAME	
STREET ADDRESS	4700 N. A1A	33 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL 32963	34 CITY-ST-ZIP	
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	BELMONTE, ANTHONY	42 NAME	
STREET ADDRESS	980 SCHUMANN DR.	43 STREET ADDRESS	
CITY-ST-ZIP	SEBASTIAN FL 32958	44 CITY-ST-ZIP	
TITLE	DIRECTOR	51 TITLE	☐ Change ☐ Addition
NAME	DEFFENBAUGH, TERRY REV	52 NAME	
STREET ADDRESS	1761 BARBAR ST.	53 STREET ADDRESS	
CITY-ST-ZIP	SEBASTIAN, FL 32958	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: Sandy Coffey 5-15-95 770657
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR — Date — Daytime Phone #

000078