

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified 04/02/1990
3a. Date of Last Report 06/14/1995

2. Principal Place of Business

2a. Mailing Address

21 Church - Retreat

26 801 154TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 801 154TH AVE

27 Vero Beach

City & State

City & State

23 Vero Beach

28 FL

24 Zip 32966

Country Indian Ri

29 Zip 32966

30 Country INDIAN RIVER

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Rev Sandy Coffey

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	COFFEY, SANDY REV.	801 154TH AVE. VERO BCH. FL		<input type="checkbox"/>
VDP	COFFEY, RICHARD K.	801 154TH AVE. VERO BEACH FL		<input type="checkbox"/>
TD	BATES, JON W	4700 N. A1A VERO BEACH FL 32963		<input type="checkbox"/>
SD	BELMONTE, ANTHONY	988 SCHUMANN DR. SEBASTIAN FL		<input type="checkbox"/>
D	DEFFENBAUGH, JERRY REV	176A BARBER STREET SEBASTIAN FL		<input checked="" type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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)(k), 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:

Rev Sandy Coffey

7-30-96

561 7700657

Date

Daytime Phone #

0016325

CR2E037 (3/96)