

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthahn
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 32966-3506
US



2. Principal Place of Business

2a. Mailing Address

21 801 154TH AVE

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

VERO Beach FL

29 City & State

24 Zip

Country

Zip

Country

32966

25 INDIAN RIVER

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/02/1990

3a. Date of Last Report

08/05/1996

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

COFFEY, SANDY R
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 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 *[Signature]*
Signature typed or printed name of registered agent and title if applicable

SANDY COFFEY

4-22-97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME COFFEY, SANDY REV.

STREET ADDRESS 801 154TH AVE.

CITY-ST-ZIP VERO BCH. FL 32966

TITLE VDP ☐ DELETE

NAME COFFEY, RICHARD K.

STREET ADDRESS 801 154TH AVE.

CITY-ST-ZIP VERO BEACH FL 32966

TITLE TD ☐ DELETE

NAME BATES, JON W

STREET ADDRESS 4700 N. A1A

CITY-ST-ZIP VERO BEACH FL 32963

TITLE SD ☐ DELETE

NAME BELMONTE, ANTHONY

STREET ADDRESS 888 SCHUMANN DR.

CITY-ST-ZIP SEBASTIAN FL 32958

TITLE Director ☐ DELETE

NAME ART DEGAARIN

STREET ADDRESS 4308 Bethal Creek Drive

CITY-ST-ZIP Vero Beach FL 32963

TITLE Director ☐ DELETE

NAME RAY Butler

STREET ADDRESS 164 Freeport way

CITY-ST-ZIP Vero Beach, FL 32966

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 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 *[Signature]*

4-22-97

CR2E037 (9/96)