


FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 16 1998 8:00am  
Secretary of State

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| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b>  |  |  FLORIDA DEPARTMENT OF STATE<br>Sandra P. Morham<br>Secretary of State<br>DIVISION OF CORPORATIONS |  |
| DOCUMENT # <b>N37487</b> (8)<br>1. Corporation Name<br><b>INDIAN RIVER YOUTH HABILITATION FOUNDATION (IRYH F) INCORPORATED</b>   |  |   |  |
| Principal Place of Business<br><b>801 154TH AVE<br/>VERO BCH. FL 32906<br/>US</b>  |  | Mailing Address<br><b>801 154TH AVE.<br/>VERO BCH. FL 32906<br/>US</b>  |  |
| 2. Principal Place of Business<br>21 <b>801 154th Ave</b><br>Suite, Apt. #, etc.<br>22 <b>Vero Beach</b><br>City & State<br>23 <b>FL</b><br>Zip<br>24 <b>32966</b>   |  | 2a. Mailing Address<br>26<br>Suite, Apt. #, etc.<br>27<br>City & State<br>28<br>Zip<br>29 <b>Indian River</b>   |  |
| Country<br>25 <b>Indian River</b>  |  | Country<br>30   |  |
| 9. Name and Address of Current Registered Agent<br><b>COFFEY, SANDY R<br/>801 154TH AVE.<br/>VERO BCH. FL 32906</b>  |  | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>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 <b>Sandy Coffey</b> (NOTE: Registered Agent signature required when reinstating)<br>DATE <b>2-12-98</b>   |  |
| 12. OFFICERS AND DIRECTORS   |  |   |  |
| TITLE <b>D</b><br>NAME <b>PD</b><br>STREET ADDRESS <b>COFFEY, SANDY REV.</b><br>CITY-ST-ZIP <b>801 154TH AVE.<br/>VERO BCH. FL</b>   | <input type="checkbox"/> DELETE            | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |  |
| TITLE <b>D</b><br>NAME <b>VDP</b><br>STREET ADDRESS <b>COFFEY, RICHARD K.</b><br>CITY-ST-ZIP <b>801 154TH AVE.<br/>VERO BEACH FL</b>   | <input type="checkbox"/> DELETE            | 1.1 TITLE <b>T</b><br>1.2 NAME <b>DeGracia, ART</b><br>1.3 STREET ADDRESS <b>4308 Bethel Creek DR</b><br>1.4 CITY-ST-ZIP <b>Vero Beach, FL 32963</b>                                |  |
| TITLE <b>T</b><br>NAME <b>TD</b><br>STREET ADDRESS <b>BATES, JON W</b><br>CITY-ST-ZIP <b>4700 N. A1A<br/>VERO BEACH FL 32963</b>   | <input type="checkbox"/> DELETE            | 2.1 TITLE <b>T</b><br>2.2 NAME <b>Frary, Bob</b><br>2.3 STREET ADDRESS <b>1937 42ND AVE</b><br>2.4 CITY-ST-ZIP <b>Vero Beach, FL 32960</b>  |  |
| TITLE <b>SD</b><br>NAME <b>BELMONTE, ANTHONY</b><br>STREET ADDRESS <b>988 SCHUMANN DR.</b><br>CITY-ST-ZIP <b>SEBASTIAN FL</b>  | <input checked="" type="checkbox"/> DELETE | 3.1 TITLE <b>D</b><br>3.2 NAME <b>Hart, Jack Rev</b><br>3.3 STREET ADDRESS <b>125 11th Ave</b><br>3.4 CITY-ST-ZIP <b>Vero Beach, FL 32962</b>                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> DELETE            | 4.1 TITLE <b>T</b><br>4.2 NAME <b>Butler, Ray Rev</b><br>4.3 STREET ADDRESS <b>164 Freeport Cay</b><br>4.4 CITY-ST-ZIP <b>Vero Beach, FL 32966</b>                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> DELETE            | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> DELETE            | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP  |  |



CR2E037 (1097)

14. 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 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** **2-12-98**