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Apr 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # N95000004032 (7)

1. Corporation Name

RETARDED ADULTS IN NEED BRIGHTEN OUR WORLD, INC.

Principal Place of Business	Mailing Address
C/O CAPRIO 10260 PORT OF SPAIN STREET COOPER CITY FL 33026	C/O CAPRIO 10260 PORT OF SPAIN STREET COOPER CITY FL 33026-4501

3. Date Incorporated or Qualified: 09/11/1995
3a. Date of Last Report: 04/09/1996

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

4. FEI Number: 65-0615686 ☐ 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

MINDE, JEFFREY
4300 N UNIVERSITY DRIVE
SUITE B-104
LAUDERHILL FL 33351

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 _____ 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	P	☐ DELETE	1.1 TITLE	Philip J. CAPRIO	☐ Change ☒ Addition
NAME	CAPRIO, TERESA L		1.2 NAME		
STREET ADDRESS	10260 PORT OF SPAIN ST		1.3 STREET ADDRESS	10260 Port of Spain St	
CITY-ST-ZIP	COOPER CITY FL 33026		1.4 CITY-ST-ZIP	Cooper City, Fla. 33026 - V - Vice President	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LEWEIS, FREDRICK T DR		2.2 NAME		
STREET ADDRESS	555 SW 148TH AVE #127		2.3 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL 33325		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	VANDENBOOMEN, BELINDA		3.2 NAME		
STREET ADDRESS	555 SW 148TH AVE #127		3.3 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL 33325		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	TEMPESTA, BARBARA JO		4.2 NAME		
STREET ADDRESS	65 FLORESTER DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	HAMILTON SQUARE NJ 08629		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CARIELLO, LOLA		5.2 NAME		
STREET ADDRESS	600 N SURF ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD BEACH FL 33019		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ADAMS, ARLENE		6.2 NAME		
STREET ADDRESS	853 REVERE AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	TRENTON NJ		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: Philip J. Caprio 4-7-97