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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State
05-05-1999 90130 009 ****70.00

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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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 09/11/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0615686 ☐ Applied For ☒ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MINDE, JEFFREY 4300 N UNIVERSITY DRIVE SUITE B-104 LAUDERHILL FL 33351	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	VICEPRESIDENT	☐ Change ☒ Addition
NAME	CAPRIO, TERESA L		1.2 NAME	KATHERINE CAPRIO	
STREET ADDRESS	10260 PORT OF SPAIN ST		1.3 STREET ADDRESS	1486 S.W. 8th CT	
CITY-ST-ZIP	COOPER CITY FL 33026		1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL. 33312	
TITLE	D	☐ DELETE	2.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	LEWEIS, FREDRICK T DR		2.2 NAME	JEFFREY KAUFMAN	
STREET ADDRESS	555 SW 148TH AVE #127		2.3 STREET ADDRESS	2215 S.W. 27th TER.	
CITY-ST-ZIP	SUNRISE FL 33325		2. 4 CITY-ST-ZIP	COCONUT GROVE FLA. 33133	
TITLE	D	☐ DELETE	3.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	VANDENBOOMEN, BELINDA		3.2 NAME	SAMANTHA CAPRIO	
STREET ADDRESS	555 SW 148TH AVE #127		3.3 STREET ADDRESS	10260 PORT OF SPAIN ST	
CITY-ST-ZIP	SUNRISE FL 33325		3.4. CITY-ST-ZIP	COOPER CITY FL. 33026	
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		

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, with all other like empowered.

SIGNATURE: /S/ Teresa R Caprio 4-23-99 954(432-5597)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)