

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005259

Entity Name: RECAPTURING THE VISION, INTERNATIONAL, INC.**Current Principal Place of Business:**9780 E INDIGO ST
SUITE 301-302
PALMETTO BAY, FL 33157**Current Mailing Address:**9780 E INDIGO ST
SUITE 301-302
PALMETTO BAY, FL 33157**FEI Number:** 65-0622266**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DEL ROSARIO, JACQUELINE
10800 SW 135 TERRACE
MIAMI, FL 33176 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**Title D/O
Name DEL ROSARIO, JACQUELINE
Address 10800 SW 135 TERRACE
City-State-Zip: MIAMI FL 33176Title T
Name ANTHONY, BERNARD
Address 9032 SW 152ND STREET
City-State-Zip: MIAMI FL 33157Title C
Name TRIMM, CINDY
Address 242 MEDICAL BLVD.
City-State-Zip: STUNTBRIDGE GA 30281Title BM
Name INGRAM, REBECCA
Address P.O. BOX 651838
City-State-Zip: MIAMI FL 33265Title BM
Name DUPREE, TINA DR.
Address P.O. BOX 9906
City-State-Zip: FORT LAUDERDALE FL 33310Title BM
Name ELLIS, GEORGE
Address 230 NE 82ND STREET
City-State-Zip: MIAMI FL 33138Title BM
Name BALDIE, NATALIE
Address 1100 NW 71 STREET
City-State-Zip: MIAMI FL 33150

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JACQUELINE DEL ROSARIO**DIRECTOR****03/01/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date