

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2007 8:00 am
Secretary of State

01-30-2007 90009 004 ****61.25

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1. Entity Name
RECAPTURING THE VISION, INTERNATIONAL, INC.



Principal Place of Business

**9950 HIBISCUS ST.
MIAMI, FL 33157**

Mailing Address

**9950 HIBISCUS ST.
MIAMI, FL 33157**

DO NOT WRITE IN THIS SPACE



01172007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
65-0622266

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DELROSARIO, JACQUELINE
10800 SW 135 TERRACE
MIAMI, FL 33176**

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D/O
NAME	DELROSARIO, JACQUELINE
STREET ADDRESS	10800 SW 135 TERRACE
CITY - ST - ZIP	MIAMI, FL
TITLE	D
NAME	ANTHONY, BERNARD
STREET ADDRESS	9032 SW 152ND STREET
CITY - ST - ZIP	MIAMI, FL 33157
TITLE	D <i>Dorleen Alexander</i>
NAME	ANTHONY, BERNARD
STREET ADDRESS	2625 PONCE DE LEON BLVD., STE. 280
CITY - ST - ZIP	CORAL GABLES, FL
TITLE	D
NAME	BUKER, DIANE
STREET ADDRESS	7790 SW 127TH STREET
CITY - ST - ZIP	MIAMI, FL 33156
TITLE	D
NAME	GORDON, BEVERLY
STREET ADDRESS	12205 SW 16TH TERRACE UNIT A-104
CITY - ST - ZIP	MIAMI, FL 33175
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #