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FILED
May 13 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N96000001681 (3)

1. Corporation Name

RIVERWOOD YOUTH OPPORTUNITIES UNLIMITED INC.



Principal Place of Business

Mailing Address

THE RIVERWOOD SCHOOL
4850 N. STATE ROAD 7
FORT LAUDERDALE FL 33319

THE RIVERWOOD SCHOOL
4850 N. STATE ROAD 7
FORT LAUDERDALE FL 33319

3. Date Incorporated or Qualified

03/22/1996

4. FEI Number

65-0662985

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PERLIN, JUDY L
THE RIVERWOOD SCHOOL
4850 N. STATE ROAD 7
FORT LAUDERDALE FL 33319

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME PERLIN, JUDY L
STREET ADDRESS 9765 N.W. 48TH DRIVE
CITY-ST-ZIP CORAL SPRINGS FL 33076

1.1 TITLE D
1.2 NAME Balzano, Cory
1.3 STREET ADDRESS 9765 N.W. 48TH DR.
1.4 CITY-ST-ZIP Coral Springs, FL 33076

TITLE ST
NAME SCHELIN, RALPH
STREET ADDRESS 4911 NW 104 AVE
CITY-ST-ZIP TAMANAC FL 33321

2.1 TITLE D
2.2 NAME Balzano, Tara
2.3 STREET ADDRESS 9765 N.W. 48TH DR.
2.4 CITY-ST-ZIP Coral Springs, FL 33076

TITLE SD
NAME SIEGEL, WENDI F
STREET ADDRESS 1284 N.W. 111TH WAY
CITY-ST-ZIP CORAL SPRINGS FL 33071

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE [Signature] 4/17/98 9547396577

CR2E037 (10/97)