

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **743875** (7)
1. Corporation Name
RECONCILIATION OUTREACH, INC.



Principal Place of Business Mailing Address
3206 SE ASTER LN. R-208
P O BOX 2778
STUART FL 34995

3. Date Incorporated or Qualified **08/09/1978** 3a. Date of Last Report **02/13/1995**
4. FEI Number **59-1846283** 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

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

9. Name and Address of Current Registered Agent
O'HIGGINS, PAUL F. (REV)
3206 SE ASTER LN, R-208
STUART FL 34997

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent, and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'HIGGINS, PAUL F. (REV)	1.2 NAME	Judy Clark (Mrs.)
STREET ADDRESS	3206 SE ASTER LN, R-208	1.3 STREET ADDRESS	33 Fieldway Dr,
CITY - ST - ZIP	STUART FL	1.4 CITY - ST - ZIP	Stuart, FL 34995
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'HIGGINS, NUALA M.	2.2 NAME	
STREET ADDRESS	3206 SE ASTER LN, R-208	2.3 STREET ADDRESS	
CITY - ST - ZIP	STUART FL	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARADISE, JOSEPHINE	3.2 NAME	
STREET ADDRESS	5 NE GUMBO LIMBO LN	3.3 STREET ADDRESS	
CITY - ST - ZIP	SEWALLS POINT FL	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, LARRY (MR.)	4.2 NAME	
STREET ADDRESS	33 FIELDWAY DR.	4.3 STREET ADDRESS	
CITY - ST - ZIP	STUART FL	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOUMES, ROBERT (MR.)	5.2 NAME	
STREET ADDRESS	16 FIELDWAY DR.	5.3 STREET ADDRESS	
CITY - ST - ZIP	STUART FL	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASHLEY, EMMA (MRS.)	6.2 NAME	
STREET ADDRESS	630 COLORADO AVE.	6.3 STREET ADDRESS	
CITY - ST - ZIP	STUART FL	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Paul F. O'Higgins* (President) 2-2-96 407-283-6920
Rev. Paul F. O'Higgins (President) Date Daytime Phone #

CR2E037 (12/95)