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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

| RECO | NCILIATION OUTREACH, IN | IC. | | | | | |
|--|--|--|---|---|--|---|---|
| rincipal Plac | ce of Business | Mailing Address | | | | | |
| 3206 SE ASTER LN. R-208 P O BOX 2778 STUART FL 34996 | | 3206 SE ASTER LN. R-208 P O BOX 2778 STUART FL 34995 | | | | | |
| | | | | | 3. Date Incorporated or Qualified 08/09/1978 | 3a. Date of La 02/13 | st Report / 1995 |
| Principal F | Place of Business | 2a. Mailing Address | | | 4. FEI Number 59-1846283 | <u> </u> | Applied For |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | Certificate of Status Desired | \$8. | Not Applicat 75 Additional | |
| City & Sta | te | City & State | | | | Fe Fe | e Required |
| | | 28 | | <u> </u> | 6. Election Campaign Financing Trust Fund Contribution | | .00 May Be ded to Fees |
| Zip | Country 25 | Ζ _i ρ 29 | Country 30 | | 8. This corporation has liability for i | intangible tax under □ Yes □ No | s. 199.032, |
| | 9. Name and Address of Curre | nt Registered Agent | . 1001 | | 10. Name and Address of New R | | |
| | | | 81 | Name | | | |
| O'HIGGINS, PAUL F. (REV) 3206 SE ASTER LN, R-208 | | | 82 | Stree! Ad | dress (P.O. Box Number is Not Acceptab | le) | |
| | | | | <u></u> | | | |
| STUAR | T FL 34997 | | [83] | | | | |
| | | | 84 | City | | FL 85 | Zip Code |
| | | | | | | | |
| Pursuant | to the provisions of Sections 617,0502 | 2 and 617 1508 Florida Statute | es the above-n | amed com | cyclical cubrate this statement for the | <u>-</u> | |
| Pursuant or registe familiar w | to the provisions of Sections 617.0502 ered agent, or both, in the State of Flori ith, and accept the obligations of Section | 2 and 617.1508, Florida Statute da. Such change was authorize | es, the above-ned by the corpo | amed corp oration's bo | oration submits this statement for the pur pard of directors. I hereby accept the appo | <u>-</u> | s registered of ed agent. I am |
| familiar w | to the provisions of Sections 617.0502 red agent, or both, in the State of Flori ith, and accept the obligations of, Sect | 2 and 617.1508, Florida Statute da. Such change was authorize tion 617.0503, Florida Statutes. | es, the above-ned by the corpo | amed corp oration's bo | oration submits this statement for the purporard of directors. I hereby accept the apporar | <u>-</u> | s registered of ed agent. I am |
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| familiär w NATURE | rith, and accept the obligations of, Sect Signature, typed or printed name of registered agen OFFICERS AN | ion 617,0503, Florida Statutes. and title if applicable (NO) D DIRECTORS | TE Registered Agent | oration's pc | oration submits this statement for the purp aard of directors. I hereby accept the apport ared when renstating! ADDITIONS/CHANGES 10 OFFI | pose of changing it pintment as register | ed agent, I am |
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SIGNATURE:

Rev. Paul Trees or crintes name of sk