

FILE NOW: FILING FEE IS \$61.25

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Feb 05 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 743875 (7)**  
1. Corporation Name  
**RECONCILIATION OUTREACH, INC.**



Principal Place of Business <b>3206 SE ASTER LN. R-208 P O BOX 2778 STUART FL 34995</b>	Mailing Address <b>3206 SE ASTER LN. R-208 P O BOX 2778 STUART FL 34994-5501</b>
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3. Date Incorporated or Qualified <b>08/09/1978</b>	3a. Date of Last Report <b>03/04/1996</b>
4. FEI Number <b>59-1846283</b>	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	28. Zip
24. Country	29. Country
25.	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	<b>FL</b>
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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>O'HIGGINS, PAUL F. (REV)</b>	
STREET ADDRESS	<b>3206 SE ASTER LN, R-208</b>	
CITY-ST-ZIP	<b>STUART FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>O'HIGGINS, NUALA M.</b>	
STREET ADDRESS	<b>3206 SE ASTER LN, R-208</b>	
CITY-ST-ZIP	<b>STUART FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PARADISE, JOSEPHINE</b>	
STREET ADDRESS	<b>5 NE GUMBO LIMBO LN</b>	
CITY-ST-ZIP	<b>SEWALLS POINT FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CLARK, LARRY (MR.)</b>	
STREET ADDRESS	<b>33 FIELDWAY DR.</b>	
CITY-ST-ZIP	<b>STUART FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HOUNES, ROBERT (MR.)</b>	
STREET ADDRESS	<b>16 FIELDWAY DR.</b>	
CITY-ST-ZIP	<b>STUART FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ASHLEY, EMMA (MRS.) (Resigned due to illness)</b>	
STREET ADDRESS	<b>630 COLORADO AVE.</b>	
CITY-ST-ZIP	<b>STUART FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>CLARK, Judith,</b>	
1.3 STREET ADDRESS	<b>33 Fieldway Dr.,</b>	
1.4 CITY-ST-ZIP	<b>Stuart, FL 34996</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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: *Paul F. O'Higgins, President* 1/28/97 561-283-6920  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0071914

CRE037 (9/96)