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**Secretary of State**

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 743875

1. Corporation Name  
**RECONCILIATION OUTREACH, INC.**

Principal Place of Business P.O. BOX 2778 STUART FL 34995 US	Mailing Address 3206 SE ASTER LN. R-208 P O BOX 2778 STUART FL 34995
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2. Principal Place of Business <b>3206 SE ASTER LN</b> Suite, Apt. #, etc. <b>R-208</b> City & State <b>STUART FL</b> Zip <b>34994</b> Country <b>USA</b>	2a. Mailing Address <b>P.O. Box 2778</b> Suite, Apt. #, etc.  City & State <b>STUART FL</b> Zip <b>34995</b> Country <b>USA</b>	3. Date Incorporated or Qualified <b>08/09/1978</b>	4. FEI Number <b>59-1846283</b> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
D CLARK, JUDITH 33 FIELDWAY DR. STUART FL 34996	<input type="checkbox"/> DELETE	1.1 TITLE <b>D. PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
ST O'HIGGINS, NUALA M. 3206 SE ASTER LN, R-208 STUART FL 34997	<input type="checkbox"/> DELETE	1.2 NAME <b>O'HIGGINS, PAUL F. (REV)</b>	
D PARADISE, JOSEPHINE 5 NE GUMBO LIMBO LN SEWALLS POINT FL 34996	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS <b>3206 SE ASTER LN, R-208</b>	
D CLARK, LARRY (MR.) 33 FIELDWAY DR. STUART FL 34996	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP <b>STUART, FL 34997</b>	
D HOUMES, ROBERT (MR.) 16 FIELDWAY DR. STUART FL	<input type="checkbox"/> DELETE	2.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		2.2 NAME <b>HOUMES ROBERT (MR)</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		2.3 STREET ADDRESS <b>16 KNOWLES ROAD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		2.4 CITY-ST-ZIP <b>STUART, FL 34996</b>	
		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	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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, with all other like empowered.

SIGNATURE: Paul F. O'Higgins 1/7/99 561-283-6920  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Daytime Phone #

CR2E037 (1/198)