

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90033 011 ****70.00

DOCUMENT # 743875

1. Entity Name

RECONCILIATION OUTREACH, INC.

Principal Place of Business

Mailing Address

**3206 SE ASTER LN
 R- 208
 STUART FL 34994
 US**

**P.O. BOX 2778
 STUART FL 34995**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1846283

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**O'HIGGINS, PAUL F. (REV)
 3206 SE ASTER LN, R-208
 STUART FL 34997**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Paul F. O'Higgins *PAUL F. O'HIGGINS, PRESIDENT* *1/16/02*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	CLARK, JUDITH	
STREET ADDRESS	33 FIELDWAY DR.	
CITY-ST-ZIP	STUART FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	O'HIGGINS, NUALA M.	
STREET ADDRESS	3206 SE ASTER LN, R-208	
CITY-ST-ZIP	STUART FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARADISE, JOSEPHINE	
STREET ADDRESS	5 NE GUMBO LIMBO LN	
CITY-ST-ZIP	SEWALLS POINT FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	CLARK, LARRY (MR.)	
STREET ADDRESS	33 FIELDWAY DR.	
CITY-ST-ZIP	STUART FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	O'HIGGINS, PAUL F REV	
STREET ADDRESS	3206 SE ASTER LN R-208	
CITY-ST-ZIP	STUART FL 34997	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOUMES, ROBERT	
STREET ADDRESS	16 KNOWLES RD	
CITY-ST-ZIP	STUART FL 34996	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOUMES, MARSORIE	
STREET ADDRESS	16 KNOWLES RD	
CITY-ST-ZIP	STUART, FL 34996	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul F. O'Higgins **PAUL F. O'HIGGINS, PRESIDENT** *1/16/02*

Date

Daytime Phone #

CR2E037 (9/01)