


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # 743875 1. Entity Name RECONCILIATION OUTREACH, INC.	
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Principal Place of Business 2206 SE ASTER LN STUART, FL 34994 US	Mailing Address P O BOX 277R STUART, FL 34993
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01082004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1846283	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Due by May 1, 2004

Trust Fund Contribution. Added to Fees

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

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 01/13/04-80045-002 70.00

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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: *Paul F. O'Higgins*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/2004 772-283-6920
 Date Daytime Phone #