

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90036 031 ****70.00

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01302006 Chg-NP CR2E037 (11/05)

DOCUMENT # 743875					
1. Entity Name RECONCILIATION OUTREACH, INC.					
Principal Place of Business 3206 SE ASTER LN R-208 STUART, FL 34994 US			Mailing Address P.O. BOX 2778 STUART, FL 34995		
2. Principal Place of Business <i>3206 SE ASTER LANE</i>		3. Mailing Address <i>P.O. Box 2778</i>			
Suite, Apt. #, etc. <i>R-208</i>		Suite, Apt. #, etc.			
City & State <i>STUART, FL</i>		City & State <i>STUART, FL</i>			
Zip <i>34994</i>	Country <i>USA.</i>	Zip <i>34995</i>	Country <i>USA</i>	4. FEI Number 59-1846283	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
5. Certificate of Status Desired <input 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 34994			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			FL		
Zip Code			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Ad
NAME	CLARK, JUDITH		NAME	MARJORIE HOUNES	
STREET ADDRESS	33 FIELDWAY DR.		STREET ADDRESS	16 KNOWLES RD	
CITY-ST-ZIP	STUART, FL 34996		CITY-ST-ZIP	STUART, FL 34996	
TITLE	STD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Ad
NAME	O'HIGGINS, NUALA M.		NAME	LOUIS HAYNES	
STREET ADDRESS	3206 SE ASTER LN, R-208		STREET ADDRESS	1014 TRINIDAD AV.	
CITY-ST-ZIP	STUART, FL 34994		CITY-ST-ZIP	FT. PIERCE, FL 34982	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Ad
NAME	PARADISE, JOSEPHINE		NAME	PRISCILLA HAYNES	
STREET ADDRESS	5 NE GUMBO LIMBO LN		STREET ADDRESS	1014 TRINIDAD AV	
CITY-ST-ZIP	SEWALLS POINT, FL 34996		CITY-ST-ZIP	FT. PIERCE, FL 34982	
TITLE	DV	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Ad
NAME	CLARK, LARRY (MR.)		NAME		
STREET ADDRESS	33 FIELDWAY DR.		STREET ADDRESS		
CITY-ST-ZIP	STUART, FL 34996		CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Ad
NAME	O'HIGGINS, PAUL F REV		NAME		
STREET ADDRESS	3206 SE ASTER LN R-208		STREET ADDRESS		
CITY-ST-ZIP	STUART, FL 34994		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Ad
NAME	HOUNES, ROBERT		NAME		
STREET ADDRESS	16 KNOWLES RD		STREET ADDRESS		
CITY-ST-ZIP	STUART, FL 34996		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Paul F. O'Higgins* PRESIDENT 1-30-2006 TEL 772-283-6920