

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 01, 2007 8:00 am**  
**Secretary of State**

03-01-2007 90012 018 \*\*\*\*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**



1st MOORE      CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
City & State      City & State  
Zip      Country      Zip      Country

4. FEI Number      Applied For  
**59-1846283**      Not Applicable  
5. Certificate of Status Desired       **\$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  
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. I am familiar with, and accept the obligations of registered agent.  
SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <input type="checkbox"/> Delete CLARK, JUDITH 33 FIELDWAY DR. STUART FL 34996
TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD <input type="checkbox"/> Delete O'HIGGINS, NUALA M. 3206 SE ASTER LN, R-208 STUART FL 34994
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <input type="checkbox"/> Delete PARADISE, JOSEPHINE 5 NE GUMBO LIMBO LN SEWALLS POINT FL 34996
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DV <input type="checkbox"/> Delete CLARK, LARRY (MR.) 33 FIELDWAY DR. STUART FL 34996
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP <input type="checkbox"/> Delete O'HIGGINS, PAUL F REV 3206 SE ASTER LN R-208 STUART FL 34994
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <input type="checkbox"/> Delete HOUMES, ROBERT 16 KNOWLES RD STUART FL 34996

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	HOUMES, ROBERT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 905 SHIPWATCH DR. E. JACKSONVILLE, FL 3225
TITLE NAME STREET ADDRESS CITY- ST- ZIP	HOUMES, MARJORIE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 905 SHIPWATCH DR E JACKSONVILLE FL 3225
TITLE NAME STREET ADDRESS CITY- ST- ZIP	LOUIS HAYNES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1014 TRINIDAD AV. FT. PIERCE 34982 FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PRISCILLA HAYNES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1014 TRINIDAD AV. FT PIERCE 34982 FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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

**SIGNATURE:** *Paul F. Higgins*      **PRESIDENT**      *2/19/2007*      *772-283-6920*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #