

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743875

FILED
Jan 29, 2009
Secretary of State

Entity Name: RECONCILIATION OUTREACH, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2778
STUART, FL 34995

New Mailing Address:

FEI Number: 59-1846283 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

O'HIGGINS, PAUL F REV
3206 SE ASTER LN, R-208
STUART, FL 34994 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CLARK, JUDITH
Address: 33 FIELDWAY DR.
City-St-Zip: STUART, FL 34996

Title: STD () Delete
Name: O'HIGGINS, NUALA M MRS
Address: 3206 SE ASTER LN, R-208
City-St-Zip: STUART, FL 34994

Title: D () Delete
Name: PARADISE, JOSEPHINE MRS
Address: 11 RIDGELAND DR.
City-St-Zip: SEWALLS POINT, FL 34996

Title: DV () Delete
Name: CLARK, LARRY MR
Address: 33 FIELDWAY DR.
City-St-Zip: STUART, FL 34996

Title: DP () Delete
Name: O'HIGGINS, PAUL F REV
Address: 3206 SE ASTER LN R-208
City-St-Zip: STUART, FL 34994

Title: D () Delete
Name: HAYNES, LOUIS MR
Address: 1014 TRINIDAD AV
City-St-Zip: FT. PIERCE, FL 34982

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REV. PAUL F O'HIGGINS

DP

01/29/2009

Electronic Signature of Signing Officer or Director

_____ Date