

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743875

FILED  
Jan 06, 2011  
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  
Name: CLARK, JUDITH  
Address: 33 FIELDWAY DR.  
City-St-Zip: STUART, FL 34996

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: PAUL F. O'HIGGINS

DP

01/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date