

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 743875

**FILED**  
**Jan 15, 2013**  
**Secretary of State**  
**CC5362181419**

**Entity Name:** RECONCILIATION OUTREACH, INC.

**Current Principal Place of Business:**

3206 SE ASTER LN  
R- 208  
STUART, FL 34994

**Current Mailing Address:**

P.O. BOX 2778  
STUART, FL 34995

**FEI Number: 59-1846283**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

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

*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: PAUL F. O'HIGGINS**

**01/15/2013**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name CLARK, JUDITH  
Address 33 FIELDWAY DR.  
City-State-Zip: STUART FL 34996

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

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

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

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

Title D  
Name HAYNES, LOUIS MR  
Address 1014 TRINIDAD AV  
City-State-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**

**PRESIDENT**

**01/15/2013**

Electronic Signature of Signing Officer/Director Detail

Date