## 2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 743875** 

Entity Name: RECONCILIATION OUTREACH, INC.

**FILED** Jan 14, 2020 **Secretary of State** 2367601203CC

## **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 01/14/2020

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title Title STD

CLARK, JUDITH Name Name O'HIGGINS, NUALA M. MRS. Address 33 FIELDWAY DR. Address 3206 SE ASTER LN, R-208

City-State-Zip: STUART FL 34994 City-State-Zip: STUART FL 34996

Title DV Title

Name CLARK, LARRY MR Name PARADISE, JOSEPHINE MRS Address 33 FIELDWAY DR. Address 11 RIDGELAND DR. STUART FL 34996

City-State-Zip: City-State-Zip: SEWALLS POINT FL 34996

Title Title DP

Name HAYNES, LOUIS MR Name O'HIGGINS, PAUL F REV. Address 45 KARLA CIRCLE Address 3206 SE ASTER LN R-208

City-State-Zip: HENDERSONVILLE NC 28739 City-State-Zip: STUART FL 34994

Title **DIRECTOR** 

Name HAYNES, PRISCILLA Address 45 KARLA CIRCLE

HENDERSONVILLE NC 28739 City-State-Zip:

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.

01/14/2020 SIGNATURE: PAUL O'HIGGINS **PRESIDENT** 

Electronic Signature of Signing Officer/Director Detail

Date