## **2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT# 743875** 

Entity Name: RECONCILIATION OUTREACH, INC.

FILED
Jan 22, 2021
Secretary of State
4457904401CC

## **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 01/22/2021

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title D Title STD

NameCLARK, JUDITHNameO'HIGGINS, NUALA M. MRS.Address33 FIELDWAY DR.Address3206 SE ASTER LN, R-208

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

Title D Title DV

Name PARADISE, JOSEPHINE MRS Name CLARK, LARRY MR

Address 11 RIDGELAND DR. Address 33 FIELDWAY DR.

City State 7ip: STUART FIL 24006

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

Title DP Title D

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

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

Title DIRECTOR

Name HAYNES, PRISCILLA Address 45 KARLA CIRCLE

City-State-Zip: HENDERSONVILLE NC 28739

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 O'HIGGINS PRESIDENT 01/22/2021