2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

FILED **DOCUMENT # 743875** Feb 16, 2000 8:00 am 1. Entity Name **Secretary of State** RECONCILIATION OUTREACH, INC. 02-16-2000 90009 047 ****70.00 Principal Place of Business Mailing Address 3206 SE ASTER LN P.O. BOX 2778 STUART FL 34995-2778 R- 208 STUART FL 34994 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1846283 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6: Name and:Address of Current:Registered:Agent 7.-Name and Address of New Registered Agent -Name Street Address (P.O. Box Number is Not Acceptable) O'HIGGINS, PAUL F. (REV) 3206 SE ASTER LN, R-208 STUART FL 34997 City Zip Code 8. 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 DATE FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME CLARK, JUDITH STREET ADDRESS STREET ADDRESS 33 FIELDWAY DR. CITY-ST-ZIP CITY-ST-ZIP STUART FL ☐ Change TITL F ☐ Delete TITLE ☐ Addition NAME O'HIGGINS, NUALA M. NAME STREET ADDRESS STREET ADDRESS 3206 SE ASTER LN, R-208 CITY-ST-7IP CITY-ST-7IP STUART_FL.... TITLE ☐ Delete TITLE Change ☐ Addition NAME PARADISE, JOSEPHINE NAME STREET ADDRESS **5 NE GUMBO LIMBO LN** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SEWALLS POINT FL TITLE ☐ Delete TITLE Change. Addition NAME CLARK, LARRY (MR.) NAME STREET ADDRESS 33 FIELDWAY DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STUART FL DP ☐ Delete TITI F Change ☐ Addition O'HIGGINS, PAUL F REV NAME STREET ADDRESS STREET ADDRESS 3206 SE ASTER LN R-208 CITY-ST-ZIP CITY-ST-ZIP STUART FL 34997 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME HOWLES, ROBERT STREET ADDRESS STREET ADDRESS 16 KNOWLES RD CITY-ST-ZIP CITY-ST-ZIP STUART FL 34996 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

OFFICER OR DIRECTOR