

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90036 031 ****70.00

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01302006 Chg-NP CR2E037 (11/05)

4. FEI Number **59-1846283** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # 743875
1. Entity Name
RECONCILIATION OUTREACH, INC.



Principal Place of Business
**3206 SE ASTER LN
R-208
STUART, FL 34994 US**

Mailing Address
**P.O. BOX 2778
STUART, FL 34995**

2. Principal Place of Business
3206 SE ASTER LANE

3. Mailing Address
P.O. Box 2778

Suite, Apt. #, etc.
R-208

Suite, Apt. #, etc.

City & State
STUART, FL

City & State
STUART, FL

Zip
34994

Country
USA

Zip
34995

Country
USA

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City
FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is **\$61.25**
Due by **May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, JUDITH 33 FIELDWAY DR. STUART, FL 34996 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARJORIE HOUNES 16 KNOWLES RD STUART, FL 34996 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD O'HIGGINS, NUALA M. 3206 SE ASTER LN, R-208 STUART, FL 34994 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOUIS HAYNES 1014 TRINIDAD AV. FT. PIERCE, FL 34982 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARADISE, JOSEPHINE 5 NE GUMBO LIMBO LN SEWALLS POINT, FL 34996 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRISCILLA HAYNES 1014 TRINIDAD AV FT. PIERCE, FL 34982 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CLARK, LARRY (MR.) 33 FIELDWAY DR. STUART, FL 34996 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP O'HIGGINS, PAUL F REV 3206 SE ASTER LN R-208 STUART, FL 34994 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOUNES, ROBERT 16 KNOWLES RD STUART, FL 34996 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Paul F. O'Higgins* PRESIDENT 1-30-2006 TEL 772-283-6920