

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000009680

FILED  
Apr 30, 2011  
Secretary of State

**Entity Name:** MINISTRY OF RECONCILIATION OUTREACH, INC

**Current Principal Place of Business:**

800 CHESAPEAKE DRIVE  
#24  
TARPON SPRINGS, FL 34689 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2254  
TARPON SPRINGS, FL 34688 US

**New Mailing Address:**

FEI Number: 90-0519376

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

SHAW, MYLES O  
800 CHESAPEAKE DRIVE  
#24  
TARPON SPRINGS, FL 34689 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SHAW, MYLES O  
Address: PO BOX 2254  
City-St-Zip: TARPON SPRINGS, FL 34688 US

Title: VP  
Name: SHAW, DOROTHY M  
Address: PO BOX 2254  
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: S/T  
Name: FORD, MICHAEL  
Address: 5640 RIVER ROAD  
City-St-Zip: NEW PORT RICHEY, FL 34659 US

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: DOROTHY M. SHAW

VP

04/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date