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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000000828

1. Corporation Name

RESTORATION & RECONCILIATION OUTREACH, INC.

464118 - 90015 - 31

Principal Place of Business
2981 N.W. 157TH TERRACE
OPA-LOCKA FL 33054

Mailing Address
2981 N.W. 157TH TERRACE
OPA-LOCKA FL 33054



2. Principal Place of Business 21 16186 N.W. 27 th Avenue Suite, Apt. #, etc. 22 City & State 23 Opa-locka, Florida Zip 24 33054 Country 25 U.S.A.		2a. Mailing Address 26 P.O. Box 540585 Suite, Apt. #, etc. 27 City & State 28 Opa-locka, Florida Zip 29 33054-0585 Country 30 U.S.A.		3. Date Incorporated or Qualified 02/11/1998 4. FEI Number 65-0792811 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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9. Name and Address of Current Registered Agent

ROSS, LINDA GAIL
2981 N.W. 157TH TERRACE
OPA-LOCKA FL 33054

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSS, LINDA G	1.2 NAME	
STREET ADDRESS	2981 N.W. 157TH TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	OPA-LOCKA FL 33054	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HIGGS, ETHEL M	2.2 NAME	Dawn M. Bobo
STREET ADDRESS	2981 N.W. 157TH TERRACE	2.3 STREET ADDRESS	2981 N.W. 157th Terrace
CITY-ST-ZIP	OPA-LOCKA FL 33054	2.4 CITY-ST-ZIP	Opa-locka, Florida 33054
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, MELINDA Y	3.2 NAME	Arlene Hodge
STREET ADDRESS	2981 N.W. 157TH TERRACE	3.3 STREET ADDRESS	20104 N.W. 35th Avenue
CITY-ST-ZIP	OPA-LOCKA FL 33054	3.4 CITY-ST-ZIP	Opa-locka, Florida 33054
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	INGRAM, SANDRA J	4.2 NAME	Cheryl G. Williams
STREET ADDRESS	2981 N.W. 157TH TERRACE	4.3 STREET ADDRESS	8639 South Hampton Drive
CITY-ST-ZIP	OPA-LOCKA FL 33054	4.4 CITY-ST-ZIP	Miramar, Florida 33025
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RANDLE-DURANT, NANCY	5.2 NAME	Melvin L. Bratton
STREET ADDRESS	5400 N.W. 22ND AVENUE, SUITE 702	5.3 STREET ADDRESS	19468 N.W. 28th Place
CITY-ST-ZIP	MIAMI FL 33142	5.4 CITY-ST-ZIP	Miami, Florida 33056
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENJAMIN BROWNE, WINIFRED D	6.2 NAME	Joseph L. Cook
STREET ADDRESS	555 N.W. 121ST STREET	6.3 STREET ADDRESS	111 N.W. 183rd Street Suite 425
CITY-ST-ZIP	OPA-LOCKA FL 33054	6.4 CITY-ST-ZIP	Miami, Florida 33169

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Linda Gail Ross
LINDA GAIL ROSS

4/27/99

305-621-0764

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)