

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000828

FILED
Jul 12, 2004
Secretary of State**Entity Name:** RESTORATION & RECONCILIATION OUTREACH, INC.**Current Principal Place of Business:**16162 NW 27TH AVE
OPA-LOCKA, FL 33054 US**New Principal Place of Business:**490 OPA-LOCKA BLVD.
SUITE 12
OPA-LOCKA, FL 33054 US**Current Mailing Address:**16162 NW 27TH AVE
OPA-LOCKA, FL 33054 US**New Mailing Address:**490 OPA-LOCKA BLVD.
SUITE 12
OPA-LOCKA, FL 33054 US**FEI Number:** 65-0792811**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**ROSS, LINDA GAIL
2981 N.W. 157TH TERRACE
OPA-LOCKA, FL 33054 US**Name and Address of New Registered Agent:**ROSS, LINDA G PRES.
2981 N.W. 157TH TERRACE
MIAMI GARDENS, FL 33054 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: LINDA GAIL ROSS

07/12/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROSS, LINDA G
Address: 2981 N.W. 157TH TERRACE
City-St-Zip: OPA-LOCKA, FL 33054

Title: V () Delete
Name: BOBO, DAWN M
Address: 6284 NW 186TH ST APT 105
City-St-Zip: MIAMI, FL 33015

Title: S () Delete
Name: MCCLAIN, SHERRY
Address: 2930 NW 157TH STREET
City-St-Zip: OPA-LOCKA, FL 33054

Title: T () Delete
Name: WILLIAMS, CHERYL G
Address: 8639 S HAMPTON DR
City-St-Zip: MIRAMAR, FL 33025

Title: D () Delete
Name: LOCKHART, DAHLIA
Address: 655 NW 56TH STREET, APT #201
City-St-Zip: MIAMI, FL 33127

Title: D () Delete
Name: PINKNEY, MARIE
Address: 18921 NW 14TH COURT
City-St-Zip: MIAMI, FL 33169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ROSS, LINDA G
Address: 2981 N.W. 157TH TERRACE
City-St-Zip: MIAMI GARDENS, FL 33054

Title: V (X) Change () Addition
Name: BOBO, DAWN M
Address: 2981 N.W. 157 TERRACE
City-St-Zip: MIAMI GARDENS, FL 33054

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: DAWN M. BOBO

V P

07/12/2004

Electronic Signature of Signing Officer or Director

Date