## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000000828

FILED Jul 13, 2005 Secretary of State

Entity Name: RESTORATION & RECONCILIATION OUTREACH, INC.

Current Principal Place of Business:		New Prince	New Principal Place of Business:	
	OCKA BLVD.			
SUITE 12 OPA-LOCI	KA, FL 33054 US			
Current M	ailing Address:	New Maili	ng Address:	
190 OPA-L	OCKA BLVD.			
SUITE 12	KA, FL 33054 US			
n accordan	65-0792811 FEI Number Applied For ( ) ce with s. 607.193(2)(b), F.S., the corporation di	· · · · · · · · · · · · · · · · · · ·	e.	
Name and	Address of Current Registered Agents	: Name and	Address of New Registered Agent:	
2981 Ń.W.	IDA G PRES. 157TH TERRACE RDENS, FL 33054 US			
	named entity submits this statement for the of Florida.	ne purpose of changing i	ts registered office or registered agent, or both,	
SIGNATU	RE:			
	Electronic Signature of Registered	Agent	Date	
OFFICER	S AND DIRECTORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTOR	
Γitle:	PD ( ) Delete	Title:	( ) Change ( ) Addition	
√ame: √ddress:	ROSS, LINDA G 2981 N.W. 157TH TERRACE	Name: Address:		
City-St-Zip:	MIAMI GARDENS, FL 33054	City-St-Zip:		
Γitle:	V () Delete	Title:	V (X) Change ( ) Addition	
Vame:	BOBO, DAWN M	Name:	BOBO, DAWN M	
Address:	2981 N.W. 157 TERRACE	Address:	6960 NW 186TH STREET, APT. #516 MIAMI, FL 33151	
City-St-Zip:	MIAMI GARDENS, FL 33054	City-St-Zip:	IVIIAIVII, FL 33131	
	S () Delete	City-St-Zip: Title:	( ) Change ( ) Addition	
itle: lame:	S ( ) Delete MCCLAIN, SHERRY	Title: Name:		
Fitle: Name: Nddress:	S () Delete MCCLAIN, SHERRY 2930 NW 157TH STREET	Title: Name: Address:		
City-St-Zip: Fitle: Name: Address: City-St-Zip:	S ( ) Delete MCCLAIN, SHERRY	Title: Name:		
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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: LINDA G. ROSS PD 07/13/2005