## 2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N98000006250

Entity Name: RECOVERY OUTREACH, INC.

FILED Oct 12, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 505-A 20TH STREET WEST PALM BEACH, FL 33407 **Current Mailing Address: New Mailing Address:** 505-A 20TH STREET WEST PALM BEACH, FL 33407 FEI Number: 65-0872344 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MAYS, CEDRIC REV MAYS, CEDRIC REV. 4763 "C" ORLEANS COURT 243 CHARTER WAY WEST PALM BEACH, FL 33415 WEST PALM BEACH, FL 33407 US 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: REV. C. W. MAYS 10/12/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete PAMBERTI, RICO Name: Name: 1925 HWY. 441 S.E. Address: Address: City-St-Zip: OKEECHOBEE, FL 34974 City-St-Zip: Title: DS ( ) Delete Title: () Change () Addition Name: BOZZONE, BOB Name: Address: 5400 EAST AVENUE Address: City-St-Zip: WEST PALM BEACH, FL 33407 City-St-Zip: Title: DT () Delete Title: () Change () Addition HARRIS, ROBERT Name: Name: Address: 3228 GUN CLUB ROAD Address: City-St-Zip: WEST PALM BEACH, FL 33406 City-St-Zip: Title: () Delete Title: () Change () Addition Name: GREENE, ADDIE B Name: 301 NORTH OLIVE AVENUE, 12TH FLOOR Address: Address: City-St-Zip: WEST PALM BEACH, FL 33401 City-St-Zip: Title: ED () Delete Title: ED (X) Change ( ) Addition MAYS, REV, C.W. MAYS, REV, C.W. Name: Name:

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.

Address:

City-St-Zip:

243 CHARTER WAY

WEST PALM BEACH, FL 33407

SIGNATURE: REV. C. W. MAYS CEO 10/12/2004

4763-C ORLEANS CT.

WEST PALM BEACH, FL 33415

Address:

City-St-Zip: