2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005
Secretary of State

DOCUMENT# N98000006250

Entity Name: RECOVERY OUTREACH, INC.

Current Principal Place of Business:

505-A 20TH STREET
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

505-A 20TH STREET
WEST PALM BEACH, FL 33407

New Mailing Address:

FEI Number: 65-0872344 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAYS, CEDRIC REV.
243 CHARTER WAY
WEST PALM BEACH, FL 33407 US

Name and Address of New Registered Agent:

MAYS, CEDRIC W REV.
243 CHARTER WAY
WEST PALM BEACH, FL 33407 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 04/12/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PAMBERTI, RICO
Address: 1925 HWY. 441 S.E.
City-St-Zip: OKEECHOBEE, FL 34974

Title: DS ( ) Delete
Name: BOZZONE, BOB
Address: 5400 EAST AVENUE
City-St-Zip: WEST PALM BEACH, FL 33407

Title: DT ( ) Delete
Name: HARRIS, ROBERT
Address: 3228 GUN CLUB ROAD
City-St-Zip: WEST PALM BEACH, FL 33406

Title: D ( ) Delete
Name: GREENE, ADDIE B
Address: 301 NORTH OLIVE AVENUE, 12TH FLOOR
City-St-Zip: WEST PALM BEACH, FL 33401

Title: ED ( ) Delete
Name: MAYS, REV, C.W.
Address: 243 CHARTER WAY
City-St-Zip: WEST PALM BEACH, FL 33407

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: LAMBERTI, RICO
Address: 1925 HWY. 441 S.E.
City-St-Zip: OKEECHOBEE, FL 34974

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: REV. C. W. MAYS CEO 04/12/2005
Electronic Signature of Signing Officer or Director Date