2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006250

MAYS, REV, C.W.

243 CHARTER WAY

WEST PALM BEACH, FL 33407

Name:

Address:

City-St-Zip:

Entity Name: RECOVERY OUTREACH, INC.

FILED May 03, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1141-1165 WEST 31ST STREET RIVIERA BEACH, FL 33404 **Current Mailing Address: New Mailing Address:** 1141-1165 WEST 31ST STREET RIVIERA BEACH, FL 33404 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 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition LAMBERTI, RICO Name: Name: 1925 HWY. 441 S.E. Address: Address: City-St-Zip: OKEECHOBEE, FL 34974 City-St-Zip: Title: DS () Delete Title: (X) Change () Addition DS BOZZONE, BOB Name: ODUM, MICHEAL Name: Address: 5400 EAST AVENUE Address: 1715 DIVISION AVE. City-St-Zip: WEST PALM BEACH, FL 33407 City-St-Zip: WEST PALM BEACH, FL 33407 Title: () 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: (X) Change () Addition Title: () Delete Title: Name: GREENE, ADDIE B Name: HARDNETT, ANGIE Y 301 NORTH OLIVE AVENUE, 12TH FLOOR 1130 EAST MOUNTAIN DRIVE Address: Address: City-St-Zip: WEST PALM BEACH, FL 33401 City-St-Zip: WEST PALM BEACH, FL 33406 Title: ED () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

Name:

Address:

City-St-Zip:

SIGNATURE: REV. C. W. MAYS CEO 05/03/2007