

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000009680

**Entity Name:** MINISTRY OF RECONCILIATION OUTREACH, INC

**Current Principal Place of Business:**

800 CHESAPEAKE DRIVE  
#24  
TARPON SPRINGS, FL 34689

**Current Mailing Address:**

PO BOX 2254  
TARPON SPRINGS, FL 34688 US

**FEI Number: 90-0519376**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SHAW, MYLES OJR.  
800 CHESAPEAKE DRIVE  
#24  
TARPON SPRINGS, FL 34689 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

**Officer/Director Detail :**

Title P  
Name SHAW, MYLES OJR.  
Address PO BOX 2254  
City-State-Zip: TARPON SPRINGS FL 34688

Title VP  
Name SHAW, DOROTHY M  
Address PO BOX 2254  
City-State-Zip: TARPON SPRINGS FL 34689

Title S/T  
Name FORD, MICHAEL  
Address 5640 RIVER ROAD  
City-State-Zip: NEW PORT RICHEY FL 34659

*I hereby 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 all other like empowered.*

**SIGNATURE: DOROTHY M. SHAW**

**VP**

**04/30/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date