2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # N05000010060

1. Entity Name
REFLECTIONS CHAMBER ENSEMBLE, INC.

Principal Place of Business	Mailing Address
12015 ORANGE GROVE DR. TAMPA, FL 33618	12015 ORANGE GROVE DR. TAMPA, FL 33618

DO NOT WRITE IN THIS SPACE

04172008 No Chg-NP CR2E037 (4/06)

4. FEI Number
20-3561943

☐ Applied For
☐ Not Applicab

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HOROWITZ, MITCHELL I
501 E. KENNEDY BLVD., SUITE 1700
TAMPA, FL 33602

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8. 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. I am familiar with, and accep the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000911149
07/08-90029-003 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MC COLLEY, THOMAS
STREET ADDRESS	1105 E. CHELSEA ST.
CITY-ST-ZIP	TAMPA, FL 33603
TITLE	D
NAME	MC COLLEY, STACEY
STREET ADDRESS	1105 E. CHELSEA ST.
CITY-ST-ZIP	TAMPA, FL 33603
TITLE	D
NAME	BANNON, JOHN
STREET ADDRESS	6401 23RD LANE NORTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33702
TITLE	D
NAME	SCHOKEN, DAWN
STREET ADDRESS	7225 WAREHAM DR.
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	D
NAME	DONOVAN, CINDY
STREET ADDRESS	8805 ROBERTS RD.
CITY-ST-ZIP	ODESSA, FL 33647
TITLE	D
NAME	LE BLANC, MICHAEL
STREET ADDRESS	9716 FOX HOLLOW RD.
CITY-ST-ZIP	TAMPA, FL 33647

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE _____