

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**APPROVED
AND
FILED**

95 APR 18 PM 11:11

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # 750646 (2)

1. Corporation Name

REFLECTIONS ON THE GULF ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**900 GULF BOULEVARD
INDIAN ROCKS BEACH FL 34635**

**900 GULF BOULEVARD
INDIAN ROCKS BEACH FL 34635**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

01/17/1990

02/18/1994

4. FEI Number

Applied For

59-1967704

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CALLOS, HARRY R.
300 31ST STREET N.
SUITE 125
ST. PETERSBURG FL 33713**

81 Name **CAMPBELL, JUDY**

82 Street Address (P.O. Box Number is Not Acceptable)

300 31ST STREET N.

83 **SUITE 125**

84 City

ST. PETERSBURG

FL

85 Zip Code
33713

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

4/12/95

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **ST**
NAME **MILLER, DONALD**
STREET ADDRESS **900 GULF BLVD., #703**
CITY - ST - ZIP **INDIAN ROCKS BCH FL**

1.1 TITLE **ST**
1.2 NAME **DONALD MILLER**
1.3 STREET ADDRESS **900 GULF BLVD., #703**
1.4 CITY - ST - ZIP **INDIAN ROCKS BEACH, FL**
 Change Addition

TITLE **D**
NAME **MILLS, RALPH**
STREET ADDRESS **3417 NUNDY RD**
CITY - ST - ZIP **TAMPA FL**

2.1 TITLE **D**
2.2 NAME **GRETCH, ELIZABETH**
2.3 STREET ADDRESS **900 GULF BLVD., #607**
2.4 CITY - ST - ZIP **INDIAN ROCKS BCH FL**
 Change Addition

TITLE **D**
NAME **WEATHERSPOON, KATHERINE**
STREET ADDRESS **5916 RADCLIFF CT**
CITY - ST - ZIP **MCHENRY IL**

3.1 TITLE **TREAS**
3.2 NAME **HEYWOOD, MARJ**
3.3 STREET ADDRESS **900 GULF BLVD., #308**
3.4 CITY - ST - ZIP **INDIAN ROCKS BCH, FL**
 Change Addition

TITLE **V**
NAME **FAUGHT, MAX**
STREET ADDRESS **118 LICHTEN WALTER RD**
CITY - ST - ZIP **WINTER HAVEN FL**

4.1 TITLE **V**
4.2 NAME **KELLY, ROBERT**
4.3 STREET ADDRESS **900 GULF BLVD., #605**
4.4 CITY - ST - ZIP **INDIAN ROCKS BCH, FL**
 Change Addition

TITLE **P**
NAME **GRETSCH, ELIZABETH**
STREET ADDRESS **900 GULF BLVD., #607**
CITY - ST - ZIP **INDIAN ROCKS BCH FL**

5.1 TITLE **P**
5.2 NAME **PORTER, STARR**
5.3 STREET ADDRESS **900 GULF BLVD., #1106**
5.4 CITY - ST - ZIP **INDIAN ROCKS BCH, FL**
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
 Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JUDY CAMPBELL

4/12/95 (813) 327-9352
Date City/State #