2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003131

FILED Mar 15, 2007 Secretary of State

Entity Name: REFLEXIONES EVANGELISTIC MINISTRY, INC.

Current Principal Place of Business: New Principal Place of Business:

2027 POMPANO AVENUE 7170 CHATUM LIGHT RUN SARASOTA, FL 34234 BRADENTON, FL 34212

Current Mailing Address: New Mailing Address:

P. O. BOX 7070 SARASOTA, FL 34278

FEI Number: 65-1086589 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

BARWICK, BARBARA
2027 POMPANO AVENUE
SARASOTA, FL 34234 US
BARWICK, BARBARA
7170 CHATUM LIGHT RUN
BRADENTON, FL 34212 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: BARBARA E. BARWICK 03/15/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P () Delete
 Title:
 P (X) Change () Addition

 Name:
 ROSALES, DANIEL
 Name:
 ROSALES, DANIEL

 Address:
 2027 POMPANO AVE.
 Address:
 7170 CHATUM LIGHT RUN

Address: 2027 POMPANO AVE. Address: 7170 CHATUM LIGHT RUN City-St-Zip: SARASOTA, FL 34234 City-St-Zip: BRADENTON, FL 34212

Title: VP () Delete Title: VP (X) Change () Addition Name: SOLOMON, TIMOTHY L Name: RAMOS, ALBA Y

Address: 9011 MIDNIGHT PASS RD, #328 Address: 2542 BRIAR OAK CIR. City-St-Zip: SARASOTA, FL 34242 City-St-Zip: SARASOTA, FL 34232

Title: T () Delete Title: () Change () Addition

 Name:
 BARWICK, BARBARA E
 Name:

 Address:
 6610 MCKOWN ROAD
 Address:

 City-St-Zip:
 SARASOTA, FL 34240
 City-St-Zip:

 $\label{eq:title:S} {\sf Title:} \qquad {\sf S} \qquad (\) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf S} \qquad ({\sf X}) \, {\sf Change} \, (\) \, {\sf Addition}$

Name:ROSALES, NATALIAName:ROSALES, NATALIAAddress:2027 POMPANO AVENUEAddress:7170 CHATUM LIGHT RUNCity-St-Zip:SARASOTA, FL 34234City-St-Zip:BRADENTON, FL 34212

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: BARBARA E. BARWICK T 03/15/2007