2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000002092

1. Entity Name
REFLECTIONS ASSISTED LIVING, INC.

Principal Place of Business	Mailing Address
2516 S 19TH ST #1-102 FT PIERCE, FL 34982	2516 S 19TH ST #1-102 FT PIERCE, FL 34982

03312004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1137512
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BECKWITH, OPHELIA S
2516 S 19TH ST
#1-102
FT PIERCE, FL 34982

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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 accept the obligations of registered agent.

SIGNATURE Ophelia Beckwith, Ophelia Beckwith, President 4/13/04
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, 2004

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

U00000118755
04/19/04-80073-006 70.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BECKWITH, OPHELIA S
STREET ADDRESS	2516 S 19 ST #1-102
CITY-ST-ZIP	FT PIERCE, FL 34982
TITLE	TD
NAME	LEE, JANNIFER
STREET ADDRESS	1720 TIMBERLAKE DR
CITY-ST-ZIP	FT PIERCE, FL 34947
TITLE	SD
NAME	JAMES, ELIZABETH
STREET ADDRESS	1096 THE POINTE DR
CITY-ST-ZIP	W PALM BCH, FL 33409
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ophelia Beckwith, Ophelia Beckwith, Pres. 4/13/04 772460-9879
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #