FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
97 DEC 17 PM 3:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

DOCUMENT # N96000004105 (0)

1. Corporation Name

REFLECTIONS ON THE GULF, INC.

Principal Place of Business	Mailing Address
P O BOX 5432 CLEARWATER FL 34618	P O BOX 5432 CLEARWATER FL 34618-5432

3. Date Incorporated or Qualified: 08/05/1996
3a. Date of Last Report:

2. Principal Place of Business
1 Suite, Apt. #, etc.
2 City & State
3 Zip 24 Country 25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip 29 Country 30

4. FEI Number: 59-3430472 ☐ Applied For ☐ 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

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

9. Name and Address of Current Registered Agent

LAWRENCE, EDNA H
1541 LONG ST
CLEARWATER FL 34615

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

1. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Edna Lawrence EDNA Lawrence PRESIDENT 11-19-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LAWRENCE, EDNA		1.2 NAME	
STREET ADDRESS	1541 LONG ST		1.3 STREET ADDRESS	600002380616---3
CITY-ST-ZIP	CLEARWATER FL 34615		1.4 CITY-ST-ZIP	-12/23/97--01061--019
TITLE	VD	☐ DELETE	2.1 TITLE	****166.25 ****166.25 ☐ Change ☐ Addition
NAME	LAWRENCE, HARVEY		2.2 NAME	
STREET ADDRESS	1541 LONG ST		2.3 STREET ADDRESS	600002380616---3
CITY-ST-ZIP	CLEARWATER FL 34615		2.4 CITY-ST-ZIP	-12/23/97--01061--020
TITLE	D	☐ DELETE	3.1 TITLE	REINSTATEMENT ****70.00 ☐ Change ☐ Addition
NAME	DAVIS, JOSEPHINE		3.2 NAME	
STREET ADDRESS	P O BOX 4875		3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34618		3.4 CITY-ST-ZIP	12-19-97
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, MARGARET		4.2 NAME	
STREET ADDRESS	1538 W 7TH ST		4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33805		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	LAWRENCE, KELLY		5.2 NAME	
STREET ADDRESS	1541 LONG ST		5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34615		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (9/96)

4. I do 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE Edna Lawrence 11-19-97 813 344-8808