

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90027 012 ****61.25

DOCUMENT # N96000004105

1. Corporation Name

REFLECTIONS ON THE GULF, INC.

Principal Place of Business

P O BOX 5432
CLEARWATER FL 34618

Mailing Address

P O BOX 5432
CLEARWATER FL 34618



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

LAWRENCE, EDNA H
1541 LONG ST
CLEARWATER FL 34615

3. Date Incorporated or Qualified

08/05/1996

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

10. Name and Address of New Registered Agent

81

Name

EDNA L. LAWRENCE

82

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

1541 LONG ST

83

84

City

CLEARWATER

FL

85

Zip Code

33755

11. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME LAWRENCE, EDNA

STREET ADDRESS 1541 LONG ST
CITY-ST-ZIP CLEARWATER FL 34615

TITLE VD ☐ DELETE

NAME LAWRENCE, HARVEY

STREET ADDRESS 1541 LONG ST
CITY-ST-ZIP CLEARWATER FL 34615

TITLE D ☐ DELETE

NAME DAVIS, JOSEPHINE
STREET ADDRESS 1007 N. MYRTLE AVE.
CITY-ST-ZIP CLEARWATER FL 33755

TITLE D ☐ DELETE

NAME JOHNSON, MARGARET
STREET ADDRESS 1538 W 7TH ST
CITY-ST-ZIP LAKELAND FL 33805

TITLE D ☐ DELETE

NAME LAWRENCE, KELLY
STREET ADDRESS 1541 LONG ST
CITY-ST-ZIP CLEARWATER FL 34615

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)