

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004105

FILED
May 02, 2004
Secretary of State

Entity Name: REFLECTIONS ON THE GULF, INC.

Current Principal Place of Business:

P O BOX 5432
CLEARWATER, FL 34618

New Principal Place of Business:

P O BOX 5432
CLEARWATER, FL 33758

Current Mailing Address:

P O BOX 5432
CLEARWATER, FL 33758

New Mailing Address:

FEI Number: 59-3430472 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAWRENCE, EDNA L
1541 LONG ST
CLEARWATER, FL 33755 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LAWRENCE, EDNA
Address: 1541 LONG ST
City-St-Zip: CLEARWATER, FL 34615

Title: D () Delete
Name: DAVIS, JOSEPHINE
Address: 1007 N. MYRTLE AVE.
City-St-Zip: CLEARWATER, FL 33755

Title: D () Delete
Name: JOHNSON, MARGARET
Address: 1538 W 7TH ST
City-St-Zip: LAKE LAND, FL 33805

Title: D () Delete
Name: LAWRENCE, KELLY
Address: 1541 LONG ST
City-St-Zip: CLEARWATER, FL 34615

Title: VD () Delete
Name: LAWRENCE, CHRISTOPHER
Address: 1541 LONG ST
City-St-Zip: CLEARWATER, FL 33755

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: EDNA LAWRENCE

PRES

05/02/2004

Electronic Signature of Signing Officer or Director

Date