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**Apr 30, 1999 8:00 am**  
**Secretary of State**

04-30-1999 90071 041 \*\*\*\*70.00

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # N97000002755**

1. Corporation Name

**REFLECTIONS OF MANATEE INC.**

Principal Place of Business  
322 14TH ST. EAST  
BRADENTON FL 34208-1334

Mailing Address  
322 14TH ST. EAST  
BRADENTON FL 34208-1334



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

05/12/1997

22 City & State

27 City & State

4. FEI Number

Applied For

31-1567862

Not Applicable

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

24

Country

29

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILLIAMS, TRUDY**  
322 14TH ST. EAST  
BRADENTON FL 34208-1334

81 Name

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

83

84 City

FL 85 Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE  
NAME **ST JOHN, JOE**  
STREET ADDRESS **814 ANDERSON ST**  
CITY-ST-ZIP **LAUREL FL 34272**

1.1 TITLE **President** ☐ Change ☒ Addition  
1.2 NAME **Jeffrey M. Williams**  
1.3 STREET ADDRESS **322 14th ST. E.**  
1.4 CITY-ST-ZIP **Bradenton, FL 34208**

TITLE **VP** ☒ DELETE  
NAME **BEREMAND, PRESTON DALE**  
STREET ADDRESS **3106 37TH AVE. W**  
CITY-ST-ZIP **BRADENTON FL 34206**

2.1 TITLE **Director** ☐ Change ☒ Addition  
2.2 NAME **Pam Gibson**  
2.3 STREET ADDRESS **507 Bayview Dr.**  
2.4 CITY-ST-ZIP **Holmes Beach, FL 34217**

TITLE **TD** ☐ DELETE  
NAME **RICHARDS CARTER, NORMA**  
STREET ADDRESS **1403 2ND AVE. E.**  
CITY-ST-ZIP **BRADENTON FL 34208**

3.1 TITLE **Director** ☐ Change ☒ Addition  
3.2 NAME **Roger Williams**  
3.3 STREET ADDRESS **219 4th AVE. E.**  
3.4 CITY-ST-ZIP **Bradenton, FL 34208**

TITLE **SD** ☐ DELETE  
NAME **WILLIAMS BAISLEY, ANGELA**  
STREET ADDRESS **1780 LEON RD., APT. 2115**  
CITY-ST-ZIP **JACKSONVILLE FL 32246**

4.1 TITLE **Vice President Director** ☒ Change ☐ Addition  
4.2 NAME **Joe ST. John**  
4.3 STREET ADDRESS **3924 East Ave. S. # B**  
4.4 CITY-ST-ZIP **Sarasota, FL 34231-4504**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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)(l), 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:

*Jeffrey Williams*  
**President**

4-24-99 941-746-2035  
Date Daytime Phone #

CR2E037 (1/98)