
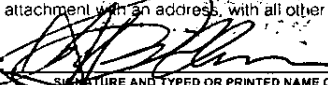


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90077 018 *****70.00

DOCUMENT # N97000002755 1. Entity Name REFLECTIONS OF MANATEE INC.					
Principal Place of Business 1302 4TH AVENUE EAST BRADENTON, FL 34208			Mailing Address 1302 4TH AVENUE EAST BRADENTON, FL 34208		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 31-1567862	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIAMS, TRUDY 322 14TH ST. EAST BRADENTON, FL 34208-1334				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	D	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KING, JERRY		NAME	Chris Gent	
STREET ADDRESS	4248 LAGO WAY		STREET ADDRESS	5550 Cape Aqua Dr.	
CITY-ST-ZIP	SARASOTA, FL 34241		CITY-ST-ZIP	Sarasota, FL 34242	
TITLE	P	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, JEFFERY M		NAME	Celesta Lyon	
STREET ADDRESS	322 14TH ST. E		STREET ADDRESS	915 11th AVE W	
CITY-ST-ZIP	BRADENTON, FL 342081334		CITY-ST-ZIP	Bradenton, FL 34205	
TITLE	T	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WELDON, DIAN		NAME	Roger Williams (not related to Jeffery M)	
STREET ADDRESS	1212 2ND AVE. E		STREET ADDRESS	214 4th AVE E	
CITY-ST-ZIP	BRADENTON, FL 34208		CITY-ST-ZIP	Bradenton, FL 34208	
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORELAND, ROBIN		NAME		
STREET ADDRESS	1210 27TH ST. E		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34208		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIBSON, PAMELA		NAME		
STREET ADDRESS	507 BAYVIEW DR.		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON BEACH, FL 342172140		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAISLEY, ANGELA M		NAME		
STREET ADDRESS	6113 REGIMENT		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 322773583		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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  Jeffrey M Williams 4-6-07 941-746-2035 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					