


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 19, 2008 8:00 am**  
**Secretary of State**

05-19-2008 90033 013 \*\*\*\*70.00

<b>DOCUMENT # N97000002755</b> 1. Entity Name <b>REFLECTIONS OF MANATEE INC.</b>					
Principal Place of Business <b>1302 4TH AVENUE EAST BRADENTON, FL 34208</b>			Mailing Address <b>1302 4TH AVENUE EAST BRADENTON, FL 34208</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>31-1567862</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>WILLIAMS, TRUDY 322 14TH ST. EAST BRADENTON, FL 34208-1334</b>			Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KING, JERRY 4248 LAGO WAY SARASOTA, FL 34241</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director Celesta Lyon 915 11TH AVE. N. Bradenton, FL. 34205</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P WILLIAMS, JEFFERY M 322 14TH ST. E BRADENTON, FL 342081334</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director Chris Gent 5550 Laguna Dr Sarasota, FL 34242</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T WELDON, DIAN 1212 2ND AVE. E BRADENTON, FL 34208</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director Roger Williams 219 4TH AVE EAST BRADENTON FL. 34208</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V MORELAND, ROBIN 1210 27TH ST. E BRADENTON, FL 34208</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S GIBSON, PAMELA 507 BAYVIEW DR. BRADENTON BEACH, FL 342172140</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BAISLEY, ANGELA M 6113 REGIMENT JACKSONVILLE, FL 322773583</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE IS TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-11-08 941-746-2035 <small>Date Daytime Phone #</small>		