**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**
**AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)**

NONPROFIT CORPORATION ANNUAL REPORT
**1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL 28 PM 1:06
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **722144** **(3)**

1. Corporation Name

**BROOKWOOD, A YOUNG WOMEN'S RESIDENCE, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 901 7TH AVE. SOUTH<br>ST PETERSBURG FL 33705 | 901 7TH AVE. SOUTH<br>ST PETERSBURG FL 33705 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/22/1971
3a. Date of Last Report: 06/01/1994
4. FEI Number: 59-0624387 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State | 28 City & State |
| 24 Zip / 25 Country | 29 Zip / 30 Country |

**9. Name and Address of Current Registered Agent**

MESMER, PAMELA J.
639 63RD ST. NORTH
ST PETERSBURG FL 33710

**10. Name and Address of New Registered Agent**

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | C | 11 TITLE | C ☑ Change ☐ Addition |
| NAME | CAMPBELL, LUCILLE S. | 12 NAME | Fogler, Ann R. |
| STREET ADDRESS | 847 SAN CARLOS AVE., N.E. | 13 STREET ADDRESS | 14928 Feather Cove Rd. |
| CITY-ST-ZIP | ST. PETERSBURG FL | 14 CITY-ST-ZIP | Clearwater, FL 34622 |
| TITLE | CVD | 21 TITLE | CVD ☑ Change ☐ Addition |
| NAME | FOGLER, ANN R | 22 NAME | Brady, Roy E. |
| STREET ADDRESS | 14928 FEATHER COVE ROAD | 23 STREET ADDRESS | 111 2nd Ave. N.E. #1201 |
| CITY-ST-ZIP | CLEARWATER FL | 24 CITY-ST-ZIP | St. Petersburg, FL 33701 |
| TITLE | VD | 31 TITLE | VD ☑ Change ☐ Addition |
| NAME | BRADY, ROY E | 32 NAME | Foster, D. William (Bill) |
| STREET ADDRESS | 111 2ND AVE NE / STE 1201 | 33 STREET ADDRESS | 555 Fourth St. N. |
| CITY-ST-ZIP | ST PETERSBURG FL | 34 CITY-ST-ZIP | St. Petersburg, FL 33701 |
| TITLE | SD | 41 TITLE | SD ☑ Change ☐ Addition |
| NAME | FOSTER, DAVID W. | 42 NAME | Willingham, Jean Kenlan |
| STREET ADDRESS | 555 - 4TH STREET, NORTH | 43 STREET ADDRESS | 135 14th Ave. No. |
| CITY-ST-ZIP | ST. PETERSBURG FL | 44 CITY-ST-ZIP | St. Petersburg, FL 33701 |
| TITLE | TD | 51 TITLE | TD ☐ Change ☐ Addition |
| NAME | WILLIAMS, DIANNA | 52 NAME | No Change |
| STREET ADDRESS | 490 - 1ST AVENUE, SOUTH | 53 STREET ADDRESS | |
| CITY-ST-ZIP | ST. PETERSBURG FL | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

**SIGNATURE:** Ann R. Fogler Ann R. Fogler 7/19/95 (813) 573-2677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (3/95)

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