

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 722144 (3)**  
1. Corporation Name  
**BROOKWOOD, A YOUNG WOMEN'S RESIDENCE, INC.**



Principal Place of Business Mailing Address  
**901 7TH AVE. SOUTH ST PETERSBURG FL 33706** **901 7TH AVE. SOUTH ST PETERSBURG FL 33706**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/22/1971</b>		3a. Date of Last Report <b>07/28/1995</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-0624387</b>		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

## 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	<b>FL</b>
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 re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>C</b>	1.1 TITLE	<b>C</b>
NAME	<b>FOGLER, ANN R.</b>	1.2 NAME	<b>Brady, Roy E.</b>
STREET ADDRESS	<b>14928 FEATHER COVE RD.</b>	1.3 STREET ADDRESS	<b>3215 San Mateo Street</b>
CITY-ST-ZIP	<b>CLEARWATER FL</b>	1.4 CITY-ST-ZIP	<b>Clearwater, FL 34619</b>
TITLE	<b>CVD</b>	2.1 TITLE	<b>CVD</b>
NAME	<b>BRADY, ROY E.</b>	2.2 NAME	<b>Hargrett, Bonnie</b>
STREET ADDRESS	<b>111 2ND AVE. N.E. #1201</b>	2.3 STREET ADDRESS	<b>1140 Monterey Blvd. NE</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	2.4 CITY-ST-ZIP	<b>St. Petersburg, FL 33704</b>
TITLE	<b>VD</b>	3.1 TITLE	
NAME	<b>FOSTER, D. WILLIAM (BI</b>	3.2 NAME	
STREET ADDRESS	<b>555 FOURTH ST. N.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>SD</b>	4.1 TITLE	<b>SD</b>
NAME	<b>WILLINGHAM, JEAN KENLAN</b>	4.2 NAME	<b>Karnavicius, Nancy J.</b>
STREET ADDRESS	<b>135 14TH AVE. NO.</b>	4.3 STREET ADDRESS	<b>2855 59th Circle S.</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	4.4 CITY-ST-ZIP	<b>St. Petersburg, FL 33712</b>
TITLE	<b>TD</b>	5.1 TITLE	<b>TD</b>
NAME	<b>WILLIAMS, DIANNA</b>	5.2 NAME	<b>Nye, William</b>
STREET ADDRESS	<b>490 - 1ST AVENUE, SOUTH</b>	5.3 STREET ADDRESS	<b>3018 Glen Oak Avenue North</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	5.4 CITY-ST-ZIP	<b>Clearwater, FL 34619</b>
TITLE		6.1 TITLE	
NAME		6.2 NAME	<b>300001837863</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>-05/24/96--01017--014</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>***61.25</b>

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)(k), 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, on an attachment with an address.

**SIGNATURE:**

*Pamela J. Mesmer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Pamela J. Mesmer**

**5/15/96 (813) 822-4789**

Date Daytime Phone #

CR2E037 (12/95)