

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

08-11-2004 90005 027 ****61.25
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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MOORE CR2E037 (11/03)

DOCUMENT # N96000000829					
1. Entity Name BROOKSIDE MIDDLE SCHOOL PARENT, TEACHER, STUDENT ORGANIZATION, INC.					
Principal Place of Business 3636 SOUTH SHADE AVENUE SARASOTA FL 34239			Mailing Address 3636 SOUTH SHADE AVENUE SARASOTA FL 34239		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
4. FEI Number 65-0706033				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HRADEK, JEFFREY F 3636 SOUTH SHADE AVE. SARASOTA FL 34239				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 _____ DATE _____					
FILE NOW! FEE: \$961.25 Due By: May 11, 2004 ☐ Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees ☒ Make Check Payable to: Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	NAME	STREET ADDRESS	TITLE	NAME	STREET ADDRESS
DP	PROCTOR, LAURA	722 SIESTA DRIVE SARASOTA FL 34242	President	Stephanie Robbins	2404 Adagio Way Sarasota, FL 34231
DT	VITALE, PAM	2108 LUSITANIA DRIVE SARASOTA FL 34231	Treasurer	Stephanie G. Maser	5205 Winding Way Sarasota, FL 34242
DVP	DE TERESA, DONNA	3226 KEY AVENUE SARASOTA FL 34239			
DS	WITZER, TRACEY	5137 NIGEL AVENUE SARASOTA FL 34242			
D	HRADEK, JEFF	1051 SHIRE STREET NAKOMIS FL 34273	Principal	Karen Rose	3636 S. Shade Avenue Sarasota, FL 34239
D	RECTOR, CAROLYN	3636 SOUTH SHADE AVENUE SARASOTA FL 34239			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 changes.					
SIGNATURE: <u>Stephanie G. Maser</u> 8-27-04 941-3461478					