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 ST PETERSBURG FL 33705	901 7TH AVE. SOUTH 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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