

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



3. Date Incorporated or Qualified
11/22/1971

3a. Date of Last Report
07/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C
NAME FOGLER, ANN R.
STREET ADDRESS 14928 FEATHER COVE RD.
CITY-ST-ZIP CLEARWATER FL

☒ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

C

Brady, Roy E.

3215 San Mateo Street
Clearwater, FL 34619

☒ Change ☐ Addition

TITLE CVD
NAME BRADY, ROY E.
STREET ADDRESS 111 2ND AVE. N.E. #1201
CITY-ST-ZIP ST. PETERSBURG FL

☒ DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

CVD

Hargrett, Bonnie

1140 Monterey Blvd. NE
St. Petersburg, FL 33704

☒ Change ☐ Addition

TITLE VD
NAME FOSTER, D. WILLIAM (B)
STREET ADDRESS 555 FOURTH ST. N.
CITY-ST-ZIP ST. PETERSBURG FL

☐ DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SD
NAME WILLINGHAM, JEAN KENLAN
STREET ADDRESS 135 14TH AVE. NO.
CITY-ST-ZIP ST. PETERSBURG FL

☒ DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

SD

Karnavicius, Nancy J.
2855 59th Circle S.
St. Petersburg, FL 33712

☒ Change ☐ Addition

TITLE TD
NAME WILLIAMS, DIANNA
STREET ADDRESS 490 - 1ST AVENUE, SOUTH
CITY-ST-ZIP ST. PETERSBURG FL

☒ DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TD

Nye, William

3018 Glen Oak Avenue North
Clearwater, FL 34619

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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☐ Change ☐ Addition

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)