

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # 722144 (3)
1. Corporation Name
BROOKWOOD, A YOUNG WOMEN'S RESIDENCE, INC.Principal Place of Business Mailing Address
901 7TH AVE. SOUTH 901 7TH AVE. SOUTH
ST PETERSBURG FL 33705 ST PETERSBURG FL 33705-1901

3. Date Incorporated or Qualified 11/22/1971 3a. Date of Last Report 05/23/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-0624387 Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State 27 City & State 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip Country 28 Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 25 29 30 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 3371081 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 reinstating) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD FOSTER, D. WILLIAM (BI) DELETE
NAME
STREET ADDRESS 555 FOURTH ST. N.
CITY-ST-ZIP ST. PETERSBURG FLTITLE SD KARNAVICIUS, NANCY J DELETE
NAME
STREET ADDRESS 2855 59TH CIRCLE S.
CITY-ST-ZIP ST. PETE FL 33712TITLE TD NYE, WILLIAM DELETE
NAME
STREET ADDRESS 3018 GLEN OAK AVE. N
CITY-ST-ZIP CLEARWATER FL 34619TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

14. I do 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 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:

PAMELA MESMER, EXECUTIVE DIRECTOR

1/30/97

(813) 822-4789

Date

Daytime Phone # 0050104

CR2E037 (9/96)