


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90980 045 \*\*\*\*61.25

<b>DOCUMENT # 754601</b> 1. Entity Name <b>BROOKSHIRE ELEMENTARY SCHOOL PTA, INC.</b>					
Principal Place of Business <b>400 GREENE DRIVE WINTER PARK, FL 32792</b>			Mailing Address <b>400 GREENE DRIVE WINTER PARK, FL 32792</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>23-7101259</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>KELSO, CYNTHIA T 2134 WOODCREST DRIVE WINTER PARK, FL 32792</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reappointing) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>1VPD MCGOWAN, JANNA 535 GILBERT RD WINTER PARK, FL 32792</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>2VPD CASEY, NATALIE 1216 GOLFSIDE DR WINTER PARK, FL 32792</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DS MORELLO, MARY J 616 BRECHIN DR WINTER PARK, FL 32792</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SD PHILLIPS, STEPHANIE 1765 CAROLLEE LANE WINTER PARK, FL 32792</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TD GARRISON, GLORIA M 2402 SUMMERFIELD RD WINTER PARK, FL 32792</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD KELSO, CANTHIA 2134 WOODCREST DR. WINTER PARK, FL 32789</b>	<input type="checkbox"/> Delete			
		Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> <b>Cynthia</b> <b>32792</b>			
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 like empowered.					
<b>SIGNATURE:</b> <u>CT Kelso</u> <span style="float: right;"><b>4-28-05</b> (401) 599-0513</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					