

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90038 018 \*\*\*\*61.25

<b>DOCUMENT # N96000000829</b> 1. Entity Name <b>BROOKSIDE MIDDLE SCHOOL PARENT, TEACHER, STUDENT ORGANIZATION, INC.</b>					
Principal Place of Business <b>3636 SOUTH SHADE AVENUE SARASOTA FL 34239</b>			Mailing Address <b>3636 SOUTH SHADE AVENUE SARASOTA FL 34239</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0706033</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b><del>HRADEK, JEFFREY F.</del> KAREN ROSE</b> <b>3636 SOUTH SHADE AVE.</b> <b>SARASOTA FL 34239</b>			7. Name and Address of New Registered Agent Name <b>KAREN ROSE</b> Street Address (P.O. Box Number is Not Acceptable) <b>3636 South Shade Avenue</b> City <b>Sarasota</b> FL <b>34239</b>		
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 <u><i>Karen Rose</i></u> (KAREN ROSE) <u>2-9-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW: FEE IS \$61.25</b> <b>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>P</b> <b>ROBBINS, STEPHANIE</b> <b>2404 ADAGIO WAY</b> <b>SARASOTA FL 34231</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>GLASER, STEPHANIE</b> <b>5208 WINDING WAY</b> <b>SARASOTA FL 34242</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>WITZER, TRACEY</b> <b>5137 HIGEL AVENUE</b> <b>SARASOTA FL 34242</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ROSE, KAREN PRINCIP</b> <b>3636 S SHADE AVE</b> <b>SARASOTA FL 34239</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RECTOR, CAROLYN</b> <b>3636 SOUTH SHADE AVENUE</b> <b>SARASOTA FL 34239</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
SIGNATURE: <u><i>Karen Rose</i></u> (KAREN ROSE) <u>2-9-05 941-361-6472</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					