

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722144

Entity Name: BROOKWOOD FLORIDA, INC.**Current Principal Place of Business:**901 7TH AVE. SOUTH
ST. PETERSBURG, FL 33705**Current Mailing Address:**901 7TH AVE. SOUTH
ST. PETERSBURG, FL 33705**FEI Number:** 59-0624387**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MESMER, PAMELA J
901 7TH AVE. SOUTH
ST. PETERSBURG, FL 33705 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	CHAIR
Name	JONES, KATHY
Address	200 COFFEE POT RIVIERA
City-State-Zip:	ST. PETERSBURG FL 33704

Title	CEO
Name	MESMER, PAMELA J
Address	901 SEVENTH AVENUE SOUTH
City-State-Zip:	ST PETERSBURG FL 33705

Title	VICE CHAIR
Name	JOYNER, ALICIA
Address	4533 38TH ST. S.
City-State-Zip:	ST. PETERSBURG FL 33711

Title	TREASURER
Name	THEMIDES, JOY S.
Address	325 COLUMBIA DRIVE
City-State-Zip:	TAMPA FL 33606

Title	SECRETARY
Name	CRAMER, SUE
Address	456 LAKEVIEW DRIVE, #8
City-State-Zip:	PALM HARBOR FL 34683

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DR. PAMELA MESMER**CEO****01/26/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date