

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 # **N93000000968 (8)**

1. Corporation Name

FRIENDS OF THE BRUTON MEMORIAL LIBRARY, INCORPORATED



Principal Place of Business

501 N WHEELER ST
PLANT CITY FL 33566

Mailing Address

501 N WHEELER ST
PLANT CITY FL 33566

3. Date Incorporated or Qualified
02/25/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 **302 McLendon St**

2a. Mailing Address

26 **302 McLendon St**

4. FEI Number
APPLIED FOR

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 City & State

Plant City, FL

28 City & State

Plant City, FL

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip

33566

25 Country

Hillsborough

29 Zip

33566

30 Country

1111

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

9. Name and Address of Current Registered Agent

**HAYWOOD, ANNE
501 N WHEELER ST
PLANT CITY FL 33566**

10. Name and Address of New Registered Agent

81 Name **same**
82 Street Address (P.O. Box Number is Not Acceptable)
302 McLendon St
83
84 City **Plant City** FL 85 Zip Code **33566**

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 *Anne Haywood*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	BYRD, JOHNNIE B JR	
STREET ADDRESS	121 N COLLINS STREET	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	TANNER, SHAUNAH	
STREET ADDRESS	30006 BARRET AVENUE	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	CAMERON, SANDRA	
STREET ADDRESS	2908 E SPARKMAN RD	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	KOLKER, SUSAN	
STREET ADDRESS	2705 FOREST CLUB DR	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	HOWARD, HELEN H	
STREET ADDRESS	801 W MAHONEY STREET	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	WRIGHT, DONNA	
STREET ADDRESS	118 W DREW ST	
CITY-ST-ZIP	PLANT CITY FL 33566	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Maggie Carlisle	
1.3 STREET ADDRESS	804 N. Forbes Rd	
1.4 CITY-ST-ZIP	Plant City, FL 33567	
2.1 TITLE	1st Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Donna Wright	
2.3 STREET ADDRESS	118 W. Drew St.	
2.4 CITY-ST-ZIP	Plant City, FL 33566	
3.1 TITLE	2nd Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Harriet Buchman	
3.3 STREET ADDRESS	P.O. Box 444	
3.4 CITY-ST-ZIP	Plant City, FL 33564	
4.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Susan Wiles	
4.3 STREET ADDRESS	3618 Midway Rd.	
4.4 CITY-ST-ZIP	Plant City, FL 33565	
5.1 TITLE	Corresponding Sec.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Helen Bradford	
5.3 STREET ADDRESS	2179 N. Forbes Rd.	
5.4 CITY-ST-ZIP	Plant City, FL 33565	
6.1 TITLE	Recording Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Phyllis Westlake	
6.3 STREET ADDRESS	4110 Concord Way	
6.4 CITY-ST-ZIP	Plant City, FL 33567	

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, or on an attachment with an address.

SIGNATURE: *Susan B. Wiles* **Susan B. Wiles** *2/19/96* **754-2054(813)**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)