

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 25 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N93000000968 (8)**  
1. Corporation Name  
**FRIENDS OF THE BRUTON MEMORIAL LIBRARY, INCORPORATED**



Principal Place of Business <b>302 MCLENDON STREET PLANT CITY FL 33566 US</b>	Mailing Address <b>302 MCLENDON STREET PLANT CITY FL 33566 US</b>
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3. Date Incorporated or Qualified <b>02/25/1993</b>	
4. FEI Number <b>59-3164392</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

**9. Name and Address of Current Registered Agent**

**HAYWOOD, ANNE  
302 MCLENDON STREET  
PLANT CITY FL 33566**

**10. Name and Address of New Registered Agent**

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>85</b> Zip Code

**FL**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DP</b>	<b>CARLISLE MAGGIE</b>	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>804 N FORBES RD</b>	1.2 NAME	
STREET ADDRESS	<b>PLANT CITY FL</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	<b>DV</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KOLKER SUSAN</b>	2.2 NAME	
STREET ADDRESS	<b>2705 FOREST CLUB DR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PLANT CITY FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>DV</b>	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RICE, TERESIA GIBSON</b>	3.2 NAME	
STREET ADDRESS	<b>807 EVERS ST N</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PLANT CITY FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>DS</b>	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HERRMANN, CECELIA</b>	4.2 NAME	
STREET ADDRESS	<b>6011 HWY 92ND W</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PLANT CITY FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>DS</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WESTLAKE, PHYLLIS</b>	5.2 NAME	
STREET ADDRESS	<b>4110 CONCORD AVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PLANT CITY FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>DT</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILES SUSAN</b>	6.2 NAME	
STREET ADDRESS	<b>3818 MIDWAY RD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PLANT CITY FL</b>	6.4 CITY-ST-ZIP	

<b>DT</b> <b>Linda Bailey</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>3803 N. Oak Crest Dr.</b>	
<b>Plant City, FL 33565</b>	
<b>DP</b> <b>Susan Kolker</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2705 Forest Club Dr</b>	
<b>Plant City FL 33567</b>	
<b>DS</b> <b>Joyce McFaul</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>3402 W Forbes Rd</b>	
<b>Plant City FL 33565</b>	
<b>DV</b> <b>Lynn Brewer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>1403 W Oak Ave</b>	
<b>Plant City FL 33567</b>	

14. 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 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: *Sandra B. Bailey* 1/29/98

CPRE037 (10/97)