


FILED
Jun 21, 1999 8:00 am
Secretary of State

06-21-1999 90002 003 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000000968

1. Corporation Name
FRIENDS OF THE BRUTON MEMORIAL LIBRARY, INCORPORATED

Principal Place of Business 302 MCLENDON STREET PLANT CITY FL 33566 US	Mailing Address 302 MCLENDON STREET PLANT CITY FL 33566 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/25/1993
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3164392
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DT	BAILEY, LINDA 2803 N OAK CREST DR PLANT CITY FL 33565	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	DP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOLKER SUSAN	2.2 NAME	
STREET ADDRESS	2705 FOREST CLUB DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL 33567	2.4 CITY-ST-ZIP	
TITLE	DA	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICE, TERESIA GIBSON	3.2 NAME	
STREET ADDRESS	807 EVERS ST N	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	3.4 CITY-ST-ZIP	
TITLE	DS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERRMANN, CECELIA	4.2 NAME	
STREET ADDRESS	6011 HWY 92ND W	4.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	4.4 CITY-ST-ZIP	
TITLE	DS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCFAUL, JOYCE	5.2 NAME	
STREET ADDRESS	3402 N FORBES RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL 33565	5.4 CITY-ST-ZIP	
TITLE	DV	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREWER, LYNN	6.2 NAME	
STREET ADDRESS	1902 W OAK AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL 33567	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED *Joyce McFaul 7/8/99* _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)