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, INCORPOR ATED

Principal Place of Business	Mailing Address
~~501 N WHEELER ST~~ PLANT CITY FL 33566	~~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.
22: Suite, Apt. #, etc.:
23: City & State: Plant City, FL
24: Zip: 33566
25: Country: Hillsborough

2a. Mailing Address
26: 302 McLended St
27: Suite, Apt. #, etc.:
28: City & State: Plant City, FL
29: Zip: 33566
30: Country: n/a

4. FEI Number: APPLIED FOR ☐ Applied For ☐ Not Applicable

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

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

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP BYRD, JOHNNIE B JR 121 N COLLINS STREET PLANT CITY FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	President Maggie Carlisle 804 N. Forbes Rd Plant City, FL 33567	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV TANNER, SHAUNAH 30006 BARRET AVENUE PLANT CITY FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	1st Vice President Donna Wright 118 W. Drew St. Plant City, FL 33566	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV CAMERON, SANDRA 2908 E SPARKMAN RD PLANT CITY FL 33566	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	2nd Vice President Harriet Buchman P.O. Box 1444 Plant City, FL 33564	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS KOLKER, SUSAN 2705 FOREST CLUB DR PLANT CITY FL 33566	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Treasurer Susan Wiles 3618 Midway Rd. Plant City, FL 33565	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS HOWARD, HELEN H 801 W MAHONEY STREET PLANT CITY FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	Corresponding Sec. Helen Bradford 2179 N. Forbes Rd. Plant City, FL 33565	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT WRIGHT, DONNA 118 W DREW ST PLANT CITY FL 33566	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	Recording Secretary Phyllis Westlake 4110 Concord Way Plant City, FL 33567	☒ Change ☐ Addition

CR2E037 (12/95)

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 #