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Mar 07 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

Mailing Address

302 MCLENDON STREET
PLANT CITY FL 33566
US

302 MCLENDON STREET
PLANT CITY FL 33566-3212
US



3. Date Incorporated or Qualified
02/25/1993

3a. Date of Last Report
03/22/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAYWOOD, ANNE
302 MCLENDON STREET
PLANT CITY FL 33566

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 T. Haywood*
Signature, typed or printed name of registered agent and title if applicable.

Anne T. Haywood Library Director 1/31/97
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Carlisle, Maggie	
1.3 STREET ADDRESS	804 N. Forbes Rd.	
1.4 CITY - ST - ZIP	Plant City, FL 33567	
2.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Kolker, Susan	
2.3 STREET ADDRESS	2705 Forest Club Dr.	
2.4 CITY - ST - ZIP	Plant City, FL 33567	
3.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Rice, Teresia Gibson	
3.3 STREET ADDRESS	807 Evers St. N	
3.4 CITY - ST - ZIP	Plant City, FL 33566	
4.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Herrmann, Cecelia	
4.3 STREET ADDRESS	6011 Hwy. 92 W	
4.4 CITY - ST - ZIP	Plant City, FL 33567	
5.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Westlake, Phyllis	
5.3 STREET ADDRESS	4110 Concord Ave	
5.4 CITY - ST - ZIP	Plant City, FL 33567	
6.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Wiles, Susan	
6.3 STREET ADDRESS	3618 Midway Rd.	
6.4 CITY - ST - ZIP	Plant City, FL 33566	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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* 2/7/97 813-754-2054
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 00000000

CR2E037 (9/96)