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Jun 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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

Mailing Address

**302 MCLENDON STREET
PLANT CITY FL 33566
US**

**302 MCLENDON STREET
PLANT CITY FL 33566
US**



3. Date Incorporated or Qualified

02/25/1993

4. FEI Number

59-3164392

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Country

29 Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

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

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 checked="" type="checkbox"/> DELETE
NAME	CARLISLE MAGGIE	
STREET ADDRESS	804 N FORBES RD	
CITY-ST-ZIP	PLANT CITY FL	

TITLE	DV	<input type="checkbox"/> DELETE
NAME	KOLKER SUSAN	
STREET ADDRESS	2705 FOREST CLUB DR	
CITY-ST-ZIP	PLANT CITY FL	

TITLE	DV	<input type="checkbox"/> DELETE
NAME	RICE, TERESIA GIBSON	
STREET ADDRESS	807 EVERS ST N	
CITY-ST-ZIP	PLANT CITY FL	

TITLE	DS	<input type="checkbox"/> DELETE
NAME	HERRMANN, CECELIA	
STREET ADDRESS	6011 HWY 92ND W	
CITY-ST-ZIP	PLANT CITY FL	

TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	WESTLAKE, PHYLLIS	
STREET ADDRESS	4110 CONCORD AVE	
CITY-ST-ZIP	PLANT CITY FL	

TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	WILES SUSAN	
STREET ADDRESS	3818 MIDWAY RD	
CITY-ST-ZIP	PLANT CITY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Linda Bailey	
1.3 STREET ADDRESS	3803 N. Oak Crest Dr.	
1.4 CITY-ST-ZIP	Plant City, FL 33565	

2.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Susan Kolker	
2.3 STREET ADDRESS	2705 Forest Club Dr	
2.4 CITY-ST-ZIP	Plant City FL 33567	

3.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Joyce McFaul	
3.3 STREET ADDRESS	3402 N Forbes Rd	
3.4 CITY-ST-ZIP	Plant City FL 33565	

4.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Lynn Brewer	
4.3 STREET ADDRESS	1403 W Oak Ave	
4.4 CITY-ST-ZIP	Plant City FL 33567	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(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:

Linda S Bailey

1/29/98

CR2E037 (10/97)