06211999-90002-003-$61.25-$61.25

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

* b N17781 - 90013 - 4 8 1 *

DOCUMENT # N93000000968

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

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 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$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 **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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BAILEY, LINDA		1.2 NAME		
STREET ADDRESS	2803 N OAK CREST DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL 33565		1.4 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	2.1 TITLE		☐ Change ☐ 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	DV	☐ DELETE	3.1 TITLE		☐ Change ☐ 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	☐ DELETE	4.1 TITLE		☐ Change ☐ 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	☐ DELETE	5.1 TITLE		☐ Change ☐ 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	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BREWER, LYNN		6.2 NAME		
STREET ADDRESS	1903 W OAK AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL 33567		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, 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 #