

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90360 007 ****61.25

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1. Entity Name
**FRIENDS OF THE BRUTON MEMORIAL LIBRARY,
INCORPORATED**



Principal Place of Business
**302 MCLENDON STREET
PLANT CITY, FL 33563 US**

Mailing Address
**302 MCLENDON STREET
PLANT CITY, FL 33563 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03272006

Chg-NP

CR2E037 (11/05)

4. FEI Number
59-3164392

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of Now Registered Agent

**HAYWOOD, ANNE
302 MCLENDON STREET
PLANT CITY, FL 33563**

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☒ Delete
NAME **BARNHILL, DAVID**
STREET ADDRESS **206 N. COLLINS STREET**
CITY-ST-ZIP **PLANT CITY, FL 33563**

TITLE **DP** ☐ Change ☒ Addition
NAME **Cameron, Michael**
STREET ADDRESS **2801 Thonotosassa Road**
CITY-ST-ZIP **Plant City, FL 33563**

TITLE **DV** ☒ Delete
NAME **CAMERON, MICHAEL**
STREET ADDRESS **2801 THONOTOSASSA ROAD**
CITY-ST-ZIP **PLANT CITY, FL 33563**

TITLE **DV** ☐ Change ☒ Addition
NAME **McGrath, Louis**
STREET ADDRESS **2104 Golfview Dr.**
CITY-ST-ZIP **Plant City, FL 33566**

TITLE **DT** ☒ Delete
NAME **GOTT, DAVID**
STREET ADDRESS **602 E. ALEXANDER, APT. 809**
CITY-ST-ZIP **PLANT CITY, FL 33563**

TITLE **DV** ☐ Change ☒ Addition
NAME **Barnhill, David**
STREET ADDRESS **206 N. Collins St.**
CITY-ST-ZIP **Plant City, FL 33563**

TITLE **DV** ☒ Delete
NAME **MCGRATH, LOUIS**
STREET ADDRESS **2104 GOLFVIEW DRIVE**
CITY-ST-ZIP **PLANT CITY, FL 33566**

TITLE **DT** ☐ Change ☒ Addition
NAME **Herrmann, Cecelia**
STREET ADDRESS **6011 Hwy. 92, W.**
CITY-ST-ZIP **Plant City, FL 33566**

TITLE **DS** ☒ Delete
NAME **MCCAUGHEY, JOHN**
STREET ADDRESS **651 N. EDGEWATER DRIVE**
CITY-ST-ZIP **PLANT CITY, FL 33565**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Cecelia Herrmann

Cecelia Herrmann

3/27/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #