


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2007 8:00 am**  
**Secretary of State**

02-16-2007 90032 039 \*\*\*\*61.25

<b>DOCUMENT # N93000000968</b> 1. Entity Name <b>FRIENDS OF THE BRUTON MEMORIAL LIBRARY, INCORPORATED</b>					
Principal Place of Business <b>302 MCLENDON STREET PLANT CITY, FL 33563 US</b>			Mailing Address <b>302 MCLENDON STREET PLANT CITY, FL 33563 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3164392</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>HAYWOOD, ANNE 302 MCLENDON STREET PLANT CITY, FL 33563</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> <div style="float: right;">DATE _____</div>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	<b>DP</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CAMERON, MICHAEL</b>		NAME		
STREET ADDRESS	<b>2801 THONOTOSASSA RD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PLANT CITY, FL 33563</b>		CITY-ST-ZIP		
TITLE	<b>DV</b> <input checked="" type="checkbox"/> Delete		TITLE	<b>DV</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>MCGRATH, LOUIS</b>		NAME	<b>DAUG DRIGGERS</b>	
STREET ADDRESS	<b>2104 GOLFVIEW DR</b>		STREET ADDRESS	<b>P.O. Box N</b>	
CITY-ST-ZIP	<b>PLANT CITY, FL 33566</b>		CITY-ST-ZIP	<b>Plant City, FL 33563</b>	
TITLE	<b>DV</b> <input checked="" type="checkbox"/> Delete		TITLE	<b>DV</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>BARNHILL, DAVID</b>		NAME	<b>Patricia Eifler</b>	
STREET ADDRESS	<b>206 N COLLINS ST</b>		STREET ADDRESS	<b>1724 Tallowtree Circle</b>	
CITY-ST-ZIP	<b>PLANT CITY, FL 33563</b>		CITY-ST-ZIP	<b>Valrico, FL 33594</b>	
TITLE	<b>DT</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HERRMANN, CECILIA</b>		NAME		
STREET ADDRESS	<b>6011 HWY 92 W</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PLANT CITY, FL 33566</b>		CITY-ST-ZIP		
TITLE	<b>DS</b> <input checked="" type="checkbox"/> Delete		TITLE	<b>DS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>MCCAUGHEY, JOHN</b>		NAME	<b>KIM HORWEDEL</b>	
STREET ADDRESS	<b>651 N. EDGEWATER DRIVE</b>		STREET ADDRESS	<b>3024 Spring Hammock Dr.</b>	
CITY-ST-ZIP	<b>PLANT CITY, FL 33565</b>		CITY-ST-ZIP	<b>Plant City, FL 33566</b>	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.					
<b>SIGNATURE: Cecelia Herrmann</b> <b>CECELIA HERRMANN</b> <b>2/10/07</b> <b>813 752-6193</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <div style="float: right;"> <small>Date</small> <small>Daytime Phone #</small> </div>					