

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000968

FILED
Jan 13, 2009
Secretary of State

Entity Name: FRIENDS OF THE BRUTON MEMORIAL LIBRARY, INCORPORATED

Current Principal Place of Business:

302 MCLENDON STREET
PLANT CITY, FL 33563 US

New Principal Place of Business:

Current Mailing Address:

302 MCLENDON STREET
PLANT CITY, FL 33563 US

New Mailing Address:

FEI Number: 59-3164392

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: CAMERON, MICHAEL
Address: 2801 THONOTOSASSA RD
City-St-Zip: PLANT CITY, FL 33563

Title: DV () Delete
Name: DRIGGERS, DOUG
Address: P.O. BOX N
City-St-Zip: PLANT CITY, FL 33563

Title: DV () Delete
Name: EIFLER, PATRICIA
Address: 1724 TALLOWTREE CR.
City-St-Zip: VALRICO, FL 33594

Title: DT () Delete
Name: GRAY, LESLIE
Address: 1707 W BEYNOLDS ST
City-St-Zip: LAKE LAND, FL 33803

Title: DP () Delete
Name: HORWEDEL, KIM
Address: 3024 SPRING HAMMOCK DR.
City-St-Zip: PLANT CITY, FL 33566

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DS (X) Change () Addition
Name: MARTIN, REBECCA
Address: 302 MCLENDON STREET
City-St-Zip: PLANT CITY, FL 33563

Title: DV (X) Change () Addition
Name: WARREN, SCOTT
Address: 302 MCLENDON STREET
City-St-Zip: PLANT CITY, FL 33563

Title: DV (X) Change () Addition
Name: DAVENPORT, DAVID
Address: 302 MCLENDON STREET
City-St-Zip: PLANT CITY, FL 33563

Title: DT (X) Change () Addition
Name: GRAY, LESLIE
Address: 1707 W REYNOLDS ST
City-St-Zip: PLANT CITY, FL 33563

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LESLIE GRAY

DT

01/13/2009

Electronic Signature of Signing Officer or Director

Date