

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90228 031 ****61.25

DOCUMENT # N93000000968

1. Entity Name

FRIENDS OF THE BRUTON MEMORIAL LIBRARY, INCORPORATED



Principal Place of Business

**302 MCLENDON STREET
PLANT CITY FL 33568
US**

Mailing Address

**302 MCLENDON STREET
PLANT CITY FL 33568
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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 New Registered Agent

**HAYWOOD, ANNE
302 MCLENDON STREET
PLANT CITY FL 33568**

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 reinstating)

DATE

FILE NOW: FEE IS \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
MCCAUGHY, JOHN W
651 N. EDGEWATER STREET
PLANT CITY FL 33565** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D/P
John W. McCaughey
651 N. Edgewater Dr.
Plant City, FL 33565** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
ANDREWS, CHARMAINE
821 OLD DARBY ST
SEFFNER FL 33584** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D/V
David H. Barnhill
602 E. Alexander St., Apt. 812
Plant City, FL 33566** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
HERRMANN, CECILIA
6011 HWY 92 WEST
PLANT CITY FL 33567** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
GUTOWSKI, CINDY
1908 HORSESHOE DRIVE
PLANT CITY FL 33567** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D/V
Claire Jordan
3206 Sunset Oaks Dr.
Plant City, FL 33563** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
PASSMORE, MARSHA
803 WEST REYNOLDS STREET
PLANT CITY FL 33566** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D/S
Lynn Calhoun
1101 Bacewell Dr.
Plant City, FL 33563-3915** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

12. 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 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, Treas. 2/8/03 813 757-9215

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)