

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000000968

**Entity Name:** FRIENDS OF THE BRUTON MEMORIAL LIBRARY,  
INCORPORATED

**FILED**  
**Mar 12, 2014**  
**Secretary of State**  
**CC5690742408**

**Current Principal Place of Business:**

302 MCLENDON STREET  
PLANT CITY, FL 33563

**Current Mailing Address:**

302 MCLENDON STREET  
PLANT CITY, FL 33563 US

**FEI Number: 59-3164392**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

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

*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

**Officer/Director Detail :**

Title DP  
Name HAYNES, FELIX T.  
Address 302 MCLENDON STREET  
City-State-Zip: PLANT CITY FL 33563

Title DT  
Name SARRIA, LIZZETTE  
Address 302 MCLENDON STREET  
City-State-Zip: PLANT CITY FL 33563

Title DVP  
Name LYONS, GAIL  
Address 302 MCLENDON STREET  
City-State-Zip: PLANT CITY FL 33563

*I hereby 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 all other like empowered.*

SIGNATURE: LIZZETTE SARRIA

DT

03/12/2014

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date