

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90093 044 ****61.25

DOCUMENT # 708926

1. Corporation Name

FRIENDS OF THE BRANDON LIBRARY, INC.

Principal Place of Business

619 VONDERBURG DRIVE
BRANDON FL 33511-5972

Mailing Address

619 VONDERBURG DRIVE
BRANDON FL 33511-5972



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

05/11/1965

4. FEI Number

70-8926390

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

TITTSWORTH, CLAYTON M
111 E BRANDON BLVD
BRANDON FL 33511

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME HAMPTON, HILDA
STREET ADDRESS 117 GORNTOL LAKE RD
CITY-ST-ZIP BRANDON FL 33510

TITLE S ☐ DELETE

NAME SKINNER, CARLA
STREET ADDRESS 616 CEDAR GROVE DR
CITY-ST-ZIP BRANDON FL 33511

TITLE D ☐ DELETE

NAME ARNOLD, LINDA
STREET ADDRESS 706 DEBRA LYNN DR
CITY-ST-ZIP BRANDON FL 33511

TITLE VP ☐ DELETE

NAME CRAFT, JULIAN
STREET ADDRESS 1513 LIDO DR
CITY-ST-ZIP BRANDON FL 33511

TITLE D ☐ DELETE

NAME JONES, CLAIRE
STREET ADDRESS 1013 HOLLYBERRY CT
CITY-ST-ZIP BRANDON FL 33510

TITLE D ☐ DELETE

NAME KNOX, BEVERLY
STREET ADDRESS 508 S BRYAN CIRCLE
CITY-ST-ZIP BRANDON FL 33511

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE T ☐ Change ☐ Addition

1.2 NAME GARCIA, C. ANNE
1.3 STREET ADDRESS 2014 WOODBERRY RD.
1.4 CITY-ST-ZIP BRANDON, FL 33510

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

GARCIA

4/14/99

(813) 689-6626

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)