FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:07

DOCUMENT # N93000000968 (8)

1. Corporation Name
FRIENDS OF THE BRUTON MEMORIAL LIBRARY, INCORPORATED

Principal Place of Business	Mailing Address
501 N WHEELER ST PLANT CITY FL 33566	501 N WHEELER ST PLANT CITY FL 33566

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/25/1993
3a. Date of Last Report: 04/25/1994
4. FEI Number: ~~59-1768111~~ APPLIED FOR 59-3164392 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21 302 McLendon St.	26 Same as 2
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Plant City FL	28 City & State
24 Zip: 33566 25 Country: USA	29 Zip 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HAYWOOD, ANNE 501 N WHEELER ST PLANT CITY FL 33566	81 Name: Haywood Anne 82 Street Address (P.O. Box Number is Not Acceptable): 302 McLendon St. 83 84 City: Plant City FL 85 Zip Code: 33566

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	DP	☑ Change ☐ Addition
NAME	BYRD, JOHNNIE B JR	1.2 NAME	Tanner, Shaunah	
STREET ADDRESS	121 N COLLINS STREET	1.3 STREET ADDRESS	30006 Barret Ave.	
CITY-ST-ZIP	PLANT CITY FL	1.4 CITY-ST-ZIP	Plant City FL 33566	
TITLE	DV	2.1 TITLE	DV	☑ Change ☐ Addition
NAME	TANNER, SHAUNAH	2.2 NAME	Maggie Carlisle	
STREET ADDRESS	30006 BARRET AVENUE	2.3 STREET ADDRESS	804 N. Forbes Rd.	
CITY-ST-ZIP	PLANT CITY FL	2.4 CITY-ST-ZIP	Plant City, FL 33567	
TITLE	DV	3.1 TITLE	DV	☐ Change ☐ Addition
NAME	CAMERON, SANDRA	3.2 NAME	Jo Reynolds	
STREET ADDRESS	2908 E SPARKMAN RD	3.3 STREET ADDRESS	6032 Paul Buchman Hwy.	
CITY-ST-ZIP	PLANT CITY FL 33566	3.4 CITY-ST-ZIP	Plant City, FL 33565	
TITLE	DS	4.1 TITLE		☐ Change ☐ Addition
NAME	KOLKER, SUSAN	4.2 NAME		
STREET ADDRESS	2705 FOREST CLUB DR	4.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL 33566	4.4 CITY-ST-ZIP		
TITLE	DS	5.1 TITLE	DS	☑ Change ☐ Addition
NAME	HOWARD, HELEN H	5.2 NAME	Phyllis Westlake	
STREET ADDRESS	801 W MAHONEY STREET	5.3 STREET ADDRESS	4110 Concord Way	
CITY-ST-ZIP	PLANT CITY FL	5.4 CITY-ST-ZIP	Plant City 33567	
TITLE	DT	6.1 TITLE		☐ Change ☐ Addition
NAME	WRIGHT, DONNA	6.2 NAME		
STREET ADDRESS	118 W DREW ST	6.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL 33566	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: _____ 4-25-95 (813) 754-7036
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

005271B