

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90059 046 ****61.25

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1. Entity Name

**FRIENDS OF THE BRUTON MEMORIAL LIBRARY,
INCORPORATED**



Principal Place of Business

**302 MCLENDON STREET
PLANT CITY FL 33563
US**

Mailing Address

**302 MCLENDON STREET
PLANT CITY FL 33563
US**

24042355



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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 33563**

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
Due By May 1, 2004**

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

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

TITLE **DV** ☐ Delete
NAME **BARNHILL, DAVID H**
STREET ADDRESS **602 E. ALEXANDER ST., APT. 812**
CITY-ST-ZIP **PLANT CITY FL 33566**

TITLE **DT** ☒ Delete
NAME **HERRMANN, CECELIA**
STREET ADDRESS **6011 HWY. 92, WEST**
CITY-ST-ZIP **PLANT CITY FL 33566**

TITLE **DV** ☒ Delete
NAME **JORDAN, CLAIRE**
STREET ADDRESS **3206 SUNSET OAKS DRIVE**
CITY-ST-ZIP **PLANT CITY FL 33563**

TITLE **DS** ☐ Delete
NAME **CALHOUN, LYNN**
STREET ADDRESS **1101 BOGEWELL DRIVE BRACEWELL**
CITY-ST-ZIP **PLANT CITY FL 33563-3915**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE **DT** ☒ Change ☐ Addition
NAME **JUDITH P. BARTA**
STREET ADDRESS **5315 KEENE DR.**
CITY-ST-ZIP **PLANT CITY, FL 33566**

TITLE **DV** ☒ Change ☐ Addition
NAME **MICHAEL CAMERON**
STREET ADDRESS **3711 NESMITH ROAD S.**
CITY-ST-ZIP **PLANT CITY, FL 33567**

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

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

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:

Judith P. Barta

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUDITH P. BARTA

4-9-04 (813) 752-6193

Date

Daytime Phone #