2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State
02-16-2007 90032 039 ****61.25

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

Principal Place of Business	Mailing Address
302 MCLENDON STREET PLANT CITY, FL 33563 US	302 MCLENDON STREET PLANT CITY, FL 33563 US

02082007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

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	DP CAMERON, MICHAEL 2801 THONOTOSASSA RD PLANT CITY, FL 33563	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV MCGRATH, LOUIS 2104 GOLFVIEW DR PLANT CITY, FL 33566	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV Doug DRIGGERS P.O. Box N Plant City, FL 33563	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV BARNHILL, DAVID 206 N COLLINS ST PLANT CITY, FL 33563	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV Patricia Eifler 1724 Tallowtree Circle Valrico, FL 33594	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT HERRMANN, CECLIA 6011 HWY 92 W PLANT CITY, FL 33566	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS MCCAUGHEY, JOHN 651 N. EDGEWATER DRIVE PLANT CITY, FL 33565	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D-S Kim HORWEDEL 3024 Spring Hammock Dr. Plant City, FL 33566	☐ 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 exemptions contained in Chapter 119, 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 CECELIA HERRMANN 2/10/07 813 752-6193
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #