2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2008 8:00 am Secretary of State

DOCUMENT # N93000000968 1. Entity Name FRIENDS OF THE BRUTON MEMORIAL LIBRARY, INCORPORATED								04-30-2	:008 9	0186 (004 **	**61.	25
302 MCLENDON STREET 302			g Address MCLENDON STREE IT CITY, FL 33563		•	·		• THERM SIGIL MITTLE	- PIII - BHI	4		.	(21 6) (89)
Principal Place of Business - No P.O. Box #			3. Mailing Address										
Suite, Apt. #	, etc.	Suite, Apt. #, etc.					04232008	Chg-NP		CR2E	37 (12	(06)	
City & State	,	City & State					4. FEI Number 59-316				-		plied For I Applicable
Zip	Zip Country		Zip		untry		5. Certificate of Status Desired Sta						
	6. Name and Address of Current	Registere	d Agent		ļ		7. Name and	Address of	New Re	gistered	Agent		
), ANNE NDON STREET Y, FL 33563				Name Street A	ddress (F	P.O. Box Numb	er is Not Acce	eptable)				
	•				City					FI	Zip	Code	
8. The above r	named entity submits this statement fo	r the purp	ose of changing its	register	ed office o	r register	ed agent, or bo	th, in the State	e of Flori	ida. Lam	n familiar	with, a	and accept
SIGNATURE	ons of registered agent.												,
	Signature, typed or printed name of registered agent	and title it app	icable. (NOTE	: Registere	ed Agent signal	ure required	when reinstating)			DATE			. 600 -
7	Filing Fee is \$61.25 Due by May 1, 2008	and title if app	9. Election Carr Trust Fund C	npaign F	inancing	ure required	\$5.00 May E Added to Fees	Je į		ke chec la Depa			
.3	Filing Fee is \$61.25		9. Election Carr	npaign F	financing tion.		\$5.00 May 8		Floric	ke ched la Depa	rtment	of Sta	ate
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I hereby certify that the information supplied with this filling 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.

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Dayline Proce