

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **N24995** (5)

1. Corporation Name

**TARPON SPRINGS PUBLIC LIBRARY FOUNDATION, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**C/O DONALD SCHOLL**  
**P.O. BOX 1752**  
**TARPON SPRINGS FL 34688**

3. Date Incorporated or Qualified **02/24/1988** 3a. Date of Last Report **06/27/1994**  
4. FEI Number **59-2947846** Applied For  
Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 29 Zip Country

24 25 29 30

5. Certificate of Status Desired  **\$0.75 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

9. Name and Address of Current Registered Agent

**NIXON, FRANK E.**  
**1005 BAY VISTA DR.**  
**TARPON SPRINGS FL 34689**

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 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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>STB</b>
NAME	<b>KAMINS, DR. CLINTON</b>
STREET ADDRESS	<b>1011 BEAVER DRIVE</b>
CITY - ST - ZIP	<b>TARPON SPRINGS FL</b>
TITLE	<b>STO</b>
NAME	<b>BRIGGS, DONALD</b>
STREET ADDRESS	<b>1020 LAKE AVOCA</b>
CITY - ST - ZIP	<b>TARPON SPRINGS FL</b>
TITLE	<b>D</b>
NAME	<b>MANN, ROBERT T.</b>
STREET ADDRESS	<b>1328 RIVERSIDE AVENUE</b>
CITY - ST - ZIP	<b>TARPON SPRINGS FL</b>
TITLE	<b>PD</b>
NAME	<b>JOHNSON, CARL W.</b>
STREET ADDRESS	<b>420 INNESS DRIVE, WEST</b>
CITY - ST - ZIP	<b>TARPON SPRINGS FL</b>
TITLE	<b>VP</b>
NAME	<b>REGISTER, WOODROW V.</b>
STREET ADDRESS	<b>433 PAULA DR. S.</b>
CITY - ST - ZIP	<b>DUNEDIN FL</b>
TITLE	<b>VP D</b>
NAME	<b>JANG SCHOLL</b>
STREET ADDRESS	<b>115 S. SPRING BLVD</b>
CITY - ST - ZIP	<b>TARPON SPRINGS FL 34689</b>

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>JOHNSON, CARL W.</b>
4.3 STREET ADDRESS	<b>420 INNESS DRIVE WEST</b>
4.4 CITY - ST - ZIP	<b>TARPON SPRINGS FL</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(k), 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:

*Donald Briggs*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S-10. 95

Date

913 938 7561

Daytime Phone #