FILE NOW: FILING FEE IS \$61.	25		
NONPROFIT FLORIDA DEPARTA CORPORATION Sandra R.A.	-		
ANNUAL REPORT Secretary of			
1996 DIVISION OF COL	RPORATIONS		
DOCUMENT # N 24995			
Tarpon Springs Public Library Fow	indation, I	inci	
Principal Place of Business Mailing Address			
P.O. Box 1752			
Tarpon Springs, Fl. 34688-1752		3. Date incorporated or Qualified	3a. Date of Last Report
Principal Place of Business     Results		52 24 1988 4. FEI Number	May 10 1995 Applied For
23 larpon prings tuble Library Foundation 1.	νc	59 29 4'7 8 4 6 5. Certificate of Status Desired	Not Applicable  \$8.75 Additional
22 KO, Box 1752 27 City & State		Gerundate of Status Desired     Election Campaign Financing	Fee Required  \$5.00 May Be
23 Japon Springs F. 28	Country	Trust Fund Contribution	Added to Fees
24 3468-1752 25 Time (25 29 30 9). Name and Address of Current Registered Agent	~n ´		Yes 🕱 No
	81 Name	10. Name and Address of New Reg	istered Agent
Nixon Frank E. 1005 Bay Vista Dr.	82 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
1005 Bay Vista Dr.	63		
Tarpon Springs, Fl. 34689	84 City		FL 85 Zip Code
<ol> <li>Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, theor registered agent, or both, in the State of Florida. Such change was authorized by familiar with and accept the obligations of, Section 617.0503, Florida Statutes.</li> </ol>	ne above-named corp y the corporation's b	poration submits this statement for the purpo loard of directors. I hereby accept the appoin	on of above in the service of affice
SIGNATURE			
	agistored Agent signature reg		
	13.	jured when renstating: ADDITIONS/CHANGES TO OFFICE	DATE LRS AND DIRECTORS IN 12
WIE President DELETE	13. 1.1 TITLE		DATE CRS AND DIRECTORS IN 12 Change Addition
MAM. Frank Nixon STREET ADDRESS 1005 Bay Vista Dr.	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		DATE CRS AND DIRECTORS IN 12 Change Addition  Change Addition  Change Addition
Trank Nixon  STREET ADDRESS  1005 Bay Vista Dr.  CITY-ST-ZIP CAPPON Springs F1. 34689	13. 1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12 Change Addition Change Addition Change Cha
Trank Nixon  STREET ADDRESS  1005 Bay Vista Dr.  CITY-ST-ZIP Ardon Springs F1.34689  TITLE Vice President Delete  NAME Robert T. Mann	13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME		CHAIGE Addition Change Addition Change Addition
Trank Nixon  STREET ADDRESS  1005 Bay Vista Dr.  CITY-ST-ZIP Ardon Springs F1.34689  TITLE Vice President Delete  Robert T. Mann  STREET ADDRESS BO. Boy 909  CITY-ST-ZIP Tarpon Springs F1.34689	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12 Change Addition Change Addition Change Cha
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Trank Nixon  STREET ADDRESS   DOS Bay Vista Dr.  CITY-ST-ZIP   Carpon Springs Fl. 34699  TITLE   Vice President   DELETE    MAME   Robert T. Mann  STREET ADDRESS   PO. Boy 909  TITLE   Secy Transdrer   DELETE    MAME   Mrs. Patricia Kaminis  STREET ADDRESS   DOT BEAUER DE TOTOLOGIE    MAME   Mrs. Patricia Kaminis  STREET ADDRESS   DOT BEAUER DE TOTOLOGIE    MAME   STREET ADDRESS   DOT BEAUER DE TOTOLOGIE    STREET ADDRESS   DOT BEAUER DE TOTOLOGIE    MAME   Mrs. Patricia Kaminis	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY- ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICE VICE President Robert T. Mann NA	AS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition
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Trank Nixon  STREET ADDRESS 1005 Bay Vista Dr.  CITY-ST-ZIP REPORT SPRINGS F1. 34699  TITLE VICE President DELETE  NAME ROBERT MANN  STREET ADDRESS 20. Boy 907  THLE Secy Trassdrer DELETE  NAME Mrs. Patricia Kaminis  STREET ADDRESS 1011 Beaver Dr  CITY-ST-ZIP RAPPORT SPRINGS F1. 34689  TITLE Director DELETE  NAME Mrs. Audre Moss berg  STREET ADDRESS 958 Bayshore Dr.  CITY-ST-ZIP RAPPORT SPRINGS F1. 34689  TITLE Director DELETE  NAME Dr. Ed. Norman  STREET ADDRESS 118 Parkside Colony Dr.  CITY-ST-ZIP RAPPORT SPRINGS F1. 34689	13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  5.4 CITY-ST-ZIP  6.1 TITLE  6.2 NAME  6.2 NAME	ADDITIONS/CHANGES TO OFFICE  VICE President  Sobort T. Mann NA  20. Box 907  Aprings, 11. 341  20000187: -06/24/960102	RS AND DIRECTORS IN 12   Change   Addition     Change   Addition     Change   Addition     Change   Addition     Change   Addition     Change   Addition
Trank Nixon  STREET ADDRESS   DOS Bay Vista Dr.  CITY-ST-ZIP   Arpon Springs Fl. 34699  TITLE   Robert T. Mann  STREET ADDRESS   PO. Boy 907  LITLE   Secy Trassiver   DELETE  NAME   Mrs. Patricia Kaminis  STREET ADDRESS   LON BROVER Dr.  CITY-ST-ZIP   Larpon Springs T. 34689  TITLE   Director   DELETE  NAME   Mrs. Audre Moss berg  STREET ADDRESS   GTY-ST-ZIP   Larpon Springs Fl. 34689  TITLE   Director   DELETE  NAME   Mrs. Audre Moss berg  STREET ADDRESS   GTY-ST-ZIP   Larpon Springs Fl. 34689  TITLE   Director   DELETE  NAME   Dr. Ed. Norman  STREET ADDRESS   118 Parkside Colony Dr.  CITY-ST-ZIP   Larpon Springs Fl. 34689  TITLE   Director   DELETE  NAME   Dr. Ed. Norman   DELETE    NAME   STREET ADDRESS   Larpon Springs   Fl. 34689  TITLE   DIRECTOR   DELETE   DELETE    NAME   Dr. Ed. Norman   DELETE   DELETE    NAME   Dr. Ed. Norman   DELETE    NAME   DELETE   DELETE    NAME   DELETE   DELETE    NAME   DELETE   DELETE    NAME   DELETE    NA	13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY- ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY- ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY- ST-ZIP  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  5.4 CITY- ST-ZIP  6.1 TITLE  6.2 NAME  6.3 STREET ADDRESS  6.4 CITY- ST-ZIP  6.1 TITLE  6.2 NAME  6.3 STREET ADDRESS  6.4 CITY- ST-ZIP  6.1 TITLE  6.2 NAME  6.3 STREET ADDRESS  6.4 CITY- ST-ZIP  6.1 TITLE  6.2 NAME	ADDITIONS/CHANGES TO OFFICE  VICE President  Policy Ti Mann NA  20. Box 907  Arpen Springs, 11.341  2000187: -06/24/9601029 ***61.25	Change   Addition   Change   Change   Addition   Change   Change   Addition   Change   Chan
Trank Nixon  STREET ADDRESS   DOS Bay Vista Dr.  CITY-ST-ZIP   Arpon Springs F1.34699  TITLE   Vice Tresicle of Delete    NAME   Robert T. Mann    STREET ADDRESS   DO. Doy 907  TITLE   Secy Trassdrer   DELETE    NAME   Mrs. Patricia Kaminis    STREET ADDRESS   DOI Beaver Dr    CITY-ST-ZIP   Iarpon Springs T-1.34689  TITLE   Director   DELETE    NAME   Mrs. Audre Moss berg    STREET ADDRESS   GS Bayshore Dr.  CITY-ST-ZIP   Iarpon Springs F134689  TITLE   Director   DELETE    NAME   Dr. Ed. Norman    STREET ADDRESS   118 Parkside Colony Dr.  CITY-ST-ZIP   Iarpon Springs F1.34689  TITLE   Director   DELETE    NAME   Dr. Ed. Norman    STREET ADDRESS   118 Parkside Colony Dr.  CITY-ST-ZIP   Iarpon Springs F1.34689  TITLE   DELETE    NAME   Dr. Ed. Norman    STREET ADDRESS   118 Parkside Colony Dr.  CITY-ST-ZIP   Iarpon Springs F1.34689  TITLE   DELETE    NAME   Dr. Ed. Norman    STREET ADDRESS   118 Parkside Colony Dr.  CITY-ST-ZIP   DELETE    NAME   Dr. Ed. Norman    TITLE   DELETE    NAME   DELETE	13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  5.4 CITY-ST-ZIP  6.1 TITLE  6.2 NAME  6.3 STREET ADDRESS  6.4 CITY-ST-ZIP  6.1 TITLE  6.2 NAME  6.3 STREET ADDRESS  6.4 CITY-ST-ZIP  6.3 STREET ADDRESS  6.4 CITY-ST-ZIP  6.5 STREET ADDRESS  6.6 STREET ADDRESS  6.7 STREET ADDRESS  6.8 STREET ADDRESS  6.9 STREET ADDRE	ADDITIONS/CHANGES TO OFFICE  VICE President  Place To Mann  Place Box 907  April 341  2000187: -06/24/960102!  ***61.25	Change   Addition   Change   Change   Addition   Change
Trank Nixon  STREET ADDRESS  LOS Bay Vista Dr.  CITY-ST-ZIP Arpon Springs F1.34699  TITLE Vice President DELETE  NAME Robert T. Mann  STREET ADDRESS  TO BOY 909  THLE Secy Trassarer DELETE  NAME Mrs. Patricia Kaminis  STREET ADDRESS  TO BROVER TO DELETE  NAME Mrs. Patricia Kaminis  STREET ADDRESS  TO BROVER TO DELETE  NAME Mrs. Audre Mossberg  STREET ADDRESS  GITY-ST-ZIP Tarpon Springs, F1.34689  TITLE Director  CITY-ST-ZIP Tarpon Springs, F1.34689  TITLE Director  CITY-ST-ZIP Tarpon Springs, F1.34689  TITLE Director  NAME Dr. Ed. Norman  STREET ADDRESS  CITY-ST-ZIP Tarpon Springs, F1.34689  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP Tarpon Springs, F1.34689  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP Tarpon Springs, F1.34689  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TARPON Springs, F1.34689  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TARPON Springs, F1.34689  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TARPON Springs, F1.34689  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TARPON Springs, F1.34689  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TARPON Springs, F1.34689  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TARPON Springs, F1.34689  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TARPON Springs, F1.34689  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TARPON Springs, F1.34689  THE TARREST ADDRESS  CITY-ST-ZIP  TARPON Springs	13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  5.4 CITY-ST-ZIP  6.1 TITLE  6.2 NAME  6.3 STREET ADDRESS  6.4 CITY-ST-ZIP  6.1 TITLE  6.2 NAME  6.3 STREET ADDRESS  6.4 CITY-ST-ZIP  6.3 STREET ADDRESS  6.4 CITY-ST-ZIP  6.5 STREET ADDRESS  6.6 STREET ADDRESS  6.7 STREET ADDRESS  6.8 STREET ADDRESS  6.9 STREET ADDRE	ADDITIONS/CHANGES TO OFFICE  VICE President  Place To Mann  Place Box 907  April 341  2000187: -06/24/960102!  ***61.25	Change   Addition   Change   Change   Addition   Change