

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N 24995

1. Corporation Name  
**Tarpon Springs Public Library Foundation, Inc.**

Principal Place of Business Mailing Address  
**P.O. Box 1752  
Tarpon Springs, Fl. 34688-1752**

3. Date Incorporated or Qualified **02/24/1988** 3a. Date of Last Report **May 10, 1995**  
4. FEI Number **592947846**  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **Tarpon Springs Public Library Foundation Inc**  
22 **P.O. Box 1752** 27 Sulte, Apt. #, etc.  
23 **Tarpon Springs, Fl.** 28 City & State  
24 **34688-1752** 25 **Pinellas** 29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Nixon, Frank E.  
1005 Bay Vista Dr.  
Tarpon Springs, Fl. 34689**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>President</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Frank Nixon</b>		1.2 NAME	
STREET ADDRESS <b>1005 Bay Vista Dr.</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>Tarpon Springs Fl. 34689</b>		1.4 CITY-ST-ZIP	
TITLE <b>Vice President</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Robert T. Mann</b>		2.2 NAME	<b>NA</b>
STREET ADDRESS <b>P.O. Box 909</b>		2.3 STREET ADDRESS	<b>P.O. Box 909</b>
CITY-ST-ZIP <b>Tarpon Springs, Fl. 34689</b>		2.4 CITY-ST-ZIP	<b>Tarpon Springs, Fl. 34689</b>
TITLE <b>Secy/Treasurer</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Mrs. Patricia Kamini's</b>		3.2 NAME	
STREET ADDRESS <b>1011 Beaver Dr</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>Tarpon Springs, Fl. 34689</b>		3.4 CITY-ST-ZIP	
TITLE <b>Director</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Mrs. Audre Mossberg</b>		4.2 NAME	
STREET ADDRESS <b>958 Bayshore Dr.</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>Tarpon Springs, Fl. 34689</b>		4.4 CITY-ST-ZIP	
TITLE <b>Director</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Dr. Ed. Norman</b>		5.2 NAME	
STREET ADDRESS <b>118 Parkside Colony Dr.</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>Tarpon Springs, Fl. 34689</b>		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

**200001872772**  
**-06/24/96--01025--039**  
**\*\*\*61.25**

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 119.07(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: **Patricia Kamini's**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**May 15, 1996** (813)  
9:34-3347  
Daytime Phone #  
125-1011

CR2E037 (12/95)