


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N24995 (5)
1. Corporation Name
TARPON SPRINGS PUBLIC LIBRARY FOUNDATION, INC.



Principal Place of Business P.O. BOX 1752 TARPON SPRINGS FL 34688	Mailing Address P.O. BOX 1752 TARPON SPRINGS FL 34688-1752
---	--

2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	3. Date Incorporated or Qualified 02/24/1988	3a. Date of Last Report 06/22/1996
---	---	--	--

4. FEI Number 59-2947846	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NIXON, FRANK		1.2 NAME Kaminis, Patricia	
STREET ADDRESS 1005 BAY VISTA DR		1.3 STREET ADDRESS 1011 Beaver Drive	
CITY-ST-ZIP TARPON SPRINGS FL 34689		1.4 CITY-ST-ZIP Tarpon Springs, FL 34689	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MANN, ROBERT T.		2.2 NAME Mossberg, Audrey	
STREET ADDRESS P.O. BOX 907 N/A		2.3 STREET ADDRESS 958 Bayshore Drive	
CITY-ST-ZIP TARPON SPRINGS FL 34689		2.4 CITY-ST-ZIP Tarpon Springs, FL 34689	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ST	<input type="checkbox"/> DELETE	3.1 TITLE S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KAMINIS, PATRICIA		3.2 NAME Norman, Edward	
STREET ADDRESS 1011 BEAVER DR		3.3 STREET ADDRESS 118 Parkside Colony	
CITY-ST-ZIP TARPON SPRINGS FL 34689		3.4 CITY-ST-ZIP Tarpon Springs, FL 34689	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MOSSBERG, AUDRE		4.2 NAME Blizin, Jerald	
STREET ADDRESS 958 BAYSHORE DR		4.3 STREET ADDRESS 117 Parkside Colony Drive	
CITY-ST-ZIP TARPON SPRINGS FL 34689		4.4 CITY-ST-ZIP Tarpon Springs, FL 34689	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME NORMAN, ED DR		5.2 NAME Clay, Dorothy	
STREET ADDRESS 118 PARKSIDE COLONY		5.3 STREET ADDRESS 649 Palm Avenue	
CITY-ST-ZIP TARPON SPRINGS FL 34689		5.4 CITY-ST-ZIP Tarpon Springs, FL 34689	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Sandra B. Morham*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Z053 852 567** Date _____ Daytime Phone # **0068921**

CR2E037 (9/96)