


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90086 024 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N24995**

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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 23 City & State 24 Zip 25 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified <b>02/24/1988</b>	4. FEI Number <b>59-2947846</b> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>KAMINIS, PATRICIA</b>
STREET ADDRESS	<b>1011 BEAVER DR.</b>
CITY-ST-ZIP	<b>TARPON SPRINGS FL</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>MOSSBERG, AUDREY</b>
STREET ADDRESS	<b>958 BAYSHORE DR.</b>
CITY-ST-ZIP	<b>TARPON SPRINGS FL</b>
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>NORMAN, EDWARD</b>
STREET ADDRESS	<b>118 PARKSIDE COLONY</b>
CITY-ST-ZIP	<b>TARPON SPRINGS FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>MOSSBERG, AUDRE</b>
STREET ADDRESS	<b>958 BAYSHORE DR</b>
CITY-ST-ZIP	<b>TARPON SPRINGS FL 34689</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>CLAY, DOROTHY</b>
STREET ADDRESS	<b>649 PALM AVE</b>
CITY-ST-ZIP	<b>TARPON SPRINGS FL 34689</b>
TITLE	<del>S</del> <input type="checkbox"/> DELETE
NAME	<b>BLIZIN, JERALD</b>
STREET ADDRESS	<b>117 PARKSIDE COLONY DR.</b>
CITY-ST-ZIP	<b>TARPON SPRINGS FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input 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	<b>Vice-President</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Robert Akerman</b>
4.3 STREET ADDRESS	<b>27- Ring Ave. North</b>
4.4 CITY-ST-ZIP	<b>Tarpon Springs Fl. 34689</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	<b>Secretary</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED *Audrey Mossberg* 2-18-99 (727) 934-3206  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)