


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90027 021 ****61.25

DOCUMENT # N24995
 1. Entity 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

40001398



01072005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-2947846
 Applied For: Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BROTHERTON, ROBERT G
 2801 WILLOW TR
 TARPON SPRINGS, FL 34688

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	BROTHERTON, ROBERT G
STREET ADDRESS	2801 WILLOW TRACE
CITY-ST-ZIP	TARPON SPRINGS, FL 34688
TITLE	PD
NAME	LANE, HELEN W HOPE, GLORIA
STREET ADDRESS	1025 TOWER DR 900 PENINSULA AVE.
CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	SD
NAME	CAMELIN, CAROL WOOD, BARBARA
STREET ADDRESS	1140 GOLF VIEW DR 1696 SILVERWOOD ST.
CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	D
NAME	ST. ARNOLD, RUSSELL
STREET ADDRESS	772 CHESAPEAKE DRIVE
CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	VPD
NAME	VINSON, WILLIAM L
STREET ADDRESS	110 S LEWIS AVE
CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	-
NAME	-
STREET ADDRESS	-
CITY-ST-ZIP	-

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert G. Brotherton 1/13/05 (927)934-9612
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ROBERT G. BROTHERTON, TREASURER