

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90039 043 ****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



2. Principal Place of Business

3. Mailing Address

01232006 Chg-NP CR2E037 (11/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-2947846

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROTHERTON, ROBERT G
2801 WILLOW TR
TARPON SPRINGS, FL 34688

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE: **TD** Delete
 NAME: **BROTHERTON, ROBERT G**
 STREET ADDRESS: **2801 WILLOW TRACE**
 CITY-ST-ZIP: **TARPON SPRINGS, FL 34688**

TITLE: **PD** Delete
 NAME: **HOPE, GLORIA**
 STREET ADDRESS: **900 PENINSULA AVENUE**
 CITY-ST-ZIP: **TARPON SPRINGS, FL 34689**

TITLE: **SD** Delete
 NAME: **WOOD, BARBARA**
 STREET ADDRESS: **1696 SILVERWOOD STREET**
 CITY-ST-ZIP: **TARPON SPRINGS, FL 34689**

TITLE: **D** Delete
 NAME: ~~**ST. ARNOLD, RUSSEL**~~
 STREET ADDRESS: ~~**772 CHESEAPEAKE DRIVE**~~
 CITY-ST-ZIP: ~~**TARPON SPRINGS, FL 34689**~~

TITLE: **VPD** Delete
 NAME: **VINSON, WILLIAM L**
 STREET ADDRESS: **110 S LEWIS AVE**
 CITY-ST-ZIP: **TARPON SPRINGS, FL 34689**

TITLE: **.** Delete
 NAME: **.**
 STREET ADDRESS: **.**
 CITY-ST-ZIP: **.**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: Change Addition
 NAME: **MITCHELLA KIMEN**
 STREET ADDRESS: **1005 BEAVER DR**
 CITY-ST-ZIP: **TARPON SPRINGS FL 34689**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/06 (727) 934-9612
 Date Daytime Phone #