

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24995

FILED
Jan 28, 2009
Secretary of State

Entity Name: TARPON SPRINGS PUBLIC LIBRARY FOUNDATION, INC.

Current Principal Place of Business:

138 E. LEMON ST.
TARPON SPRINGS, FL 34689

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1752
TARPON SPRINGS, FL 34688

New Mailing Address:

FEI Number: 59-2947846 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GERARD, WILLIAM F
2102 PELICAN CT
TARPON SPRINGS, FL 34689 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: GERARD, WILLIAM F
Address: 2102 PELICAN CT
City-St-Zip: TARPON SPRINGS, FL 34689

Title: SD () Delete
Name: WOOD, BARBARA
Address: 1696 SILVERWOOD STREET
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D () Delete
Name: GAVITZ, LEONARD
Address: 703 WATERVIEW LANE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: PD () Delete
Name: KEIFFER, JOSEPH
Address: 1412 SUNSET RD.
City-St-Zip: TARPON SPRINGS, FL 34689

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: TRACEY, SANDRA
Address: 311 W. LEMON ST.
City-St-Zip: TARPON SPRINGS, FL 34689

Title: VPD (X) Change () Addition
Name: LINKE, SONIA
Address: 3136 SANDHILL DR
City-St-Zip: HOLIDAY, FL 34691

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: O'NEILL, NEILA
Address: 928 OAKVIEW RD
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D () Change (X) Addition
Name: ELLIOTT, HERB
Address: 623 E. TARPON AVE
City-St-Zip: TARPON SPRINGS, FL 34689

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM F. GERARD

TD

01/28/2009

Electronic Signature of Signing Officer or Director

Date