
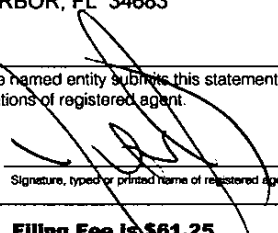
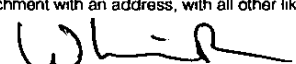


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90205 015 \*\*\*\*61.25

<b>DOCUMENT # 709427</b> 1. Entity Name <b>FRIENDS OF THE TARPON SPRINGS PUBLIC LIBRARY, INC.</b>					
Principal Place of Business <b>160 E. LEMON STREET TARPON SPRINGS, FL 34689 US</b>			Mailing Address <b>P.O. BOX 2113 TARPON SPRINGS, FL 34688 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2696714</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>PHILLIPS, CHARLES COLDWELL BANKER 3302 ALT. 19 N. PALM HARBOR, FL 34683</b>			7. Name and Address of New Registered Agent Name <b>Janet Jones</b> Street Address (P.O. Box Number is Not Acceptable) <b>1636 Seabreeze Drive</b> City <b>Tarpon Springs</b> <b>FL</b> Zip Code <b>34689</b>		
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <b>04-24-06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SINKS, MARY BETH</b> <b>1120 CLIPPERS WAY</b> <b>TARPON SPRINGS, FL 34689</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>W. Dennis Pepe, President</b> <b>936 Riverside Ridge Road</b> <b>Tarpon Springs, FL 34689</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>PEPE, DENNIS</b> <b>936 RIVERSIDE RIDGE ROAD</b> <b>TARPON SPRINGS, FL 34689</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <b>Martha E. Campbell</b> <b>2657 St. Joseph Drive, Dunedin, FL 34698</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>PHILLIPS, CHARLES</b> <b>610 POULOS LANE</b> <b>TARPON SPRINGS, FL 34689</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Janet Jones</b> <b>1636 Seabreeze Drive</b> <b>Tarpon Springs, FL 34689</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CORTESSIS, RENEE</b> <b>1606 TALLAHASSEE DR.</b> <b>TARPON SPRINGS, FL</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Barbara Amico</b> <b>426 Windrush Bay Drive</b> <b>Tarpon Springs, FL 34689</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SCOTT, EILEEN</b> <b>209 W LEMON STREET</b> <b>TARPON SPRINGS, FL 34689</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>EDMONDS, DAVID</b> <b>1060 RIVERSIDE DR</b> <b>TARPON SPRINGS, FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>4/19/06</b>		
			Daytime Phone # <b>727-942-7698</b>		