
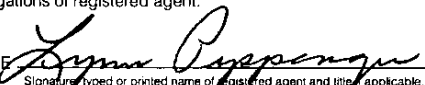



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90096 041 \*\*\*\*61.25

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| <b>DOCUMENT # N20025</b><br>1. Entity Name<br><b>GREATER LARGO LIBRARY FOUNDATION, INC.</b>  |  |  |  |                |  |
| Principal Place of Business<br><b>351 EAST BAY DRIVE<br/>LARGO, FL 33770 US</b>  |  |  | Mailing Address<br><b>C/O BARBARA ANN MURPHEY<br/>351 E. BAY DRIVE<br/>LARGO, FL 33770 US</b>  |   |  |
| 2. Principal Place of Business<br><b>120 Central Park Drive</b>  |  | 3. Mailing Address<br><b>120 MICHELLE D'AVICO</b>  |  |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |  |   |  |
| City & State<br><b>Largo FL</b>  |  | City & State<br><b>Largo FL</b>  |  | 4. FEI Number<br><b>59-2794507</b>  |  |
| Zip<br><b>33771-2110</b>   |  | Country<br><b>USA</b>  |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent<br><br><b>MURPHEY, BARBARA ANN<br/>351 EAST BAY DR.<br/>LARGO, FL 33770</b>  |  |  | 7. Name and Address of New Registered Agent<br>Name<br><b>PIPPENGER, LYNN</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>120 CENTRAL PARK DR.</b><br>City<br><b>LARGO FL</b> Zip Code<br><b>33771</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.<br><br>SIGNATURE  DATE <b>2-27-06</b><br><small>Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |  |  |  |   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  | <b>Make check payable to<br/>Florida Department of State</b>                                    |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |   |  |
| TITLE<br>D<br>NAME<br>MURPHEY, BARBARA A<br>STREET ADDRESS<br>1304 JEFFORDS STREET<br>CITY-ST-ZIP<br>CLEARWATER, FL 33756  | <input checked="" type="checkbox"/> Delete |  | TITLE<br>PD<br>NAME<br>PIPPENGER, LYNN<br>STREET ADDRESS<br>13132 108th AVENUE<br>CITY-ST-ZIP<br>LARGO, FL 33774   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                    |  |
| TITLE<br>D<br>NAME<br>PORTER, KATHRYN<br>STREET ADDRESS<br>608 7TH AVENUE SW<br>CITY-ST-ZIP<br>LARGO, FL 33770   | <input type="checkbox"/> Delete            |  | TITLE<br>VPD<br>NAME<br>50 COUNTRY CLUB DRIVE<br>CITY-ST-ZIP<br>LARGO, FL 33771  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                    |  |
| TITLE<br>D<br>NAME<br>MCMANUS, BRUCE<br>STREET ADDRESS<br>79 OVERBROOK BLVD<br>CITY-ST-ZIP<br>LARGO, FL 33770  | <input type="checkbox"/> Delete            |  | TITLE<br>VPD<br>NAME<br>33771  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                    |  |
| TITLE<br>PD<br>NAME<br>BAILEY, KEITH<br>STREET ADDRESS<br>8500 ULMERTON ROAD<br>CITY-ST-ZIP<br>LARGO, FL 33771   | <input type="checkbox"/> Delete            |  | TITLE<br>D<br>NAME<br>   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                    |  |
| TITLE<br>VPD<br>NAME<br>SHALIT, IRIS L<br>STREET ADDRESS<br>13767 DOMINICA DRIVE<br>CITY-ST-ZIP<br>SEMINOLE, FL 33776  | <input checked="" type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>TD<br>NAME<br>BOWMAN, CHEYRL<br>STREET ADDRESS<br>12990 SOPHIA CIR<br>CITY-ST-ZIP<br>LARGO, FL 33774  | <input checked="" type="checkbox"/> Delete |  | TITLE<br>TD<br>NAME<br>CUNNINGHAM, LESLIE C.<br>STREET ADDRESS<br>1666 S LAKE AVE #3<br>CITY-ST-ZIP<br>CLEARWATER, FL 33756  | <input type="checkbox"/> Change <input checked="" 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. |  |  |  |   |  |
| <b>SIGNATURE:</b>  <b>LESLIE C CUNNINGHAM</b> <b>2/27/06</b> <b>727-585-5621</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |  |  |  |   |  |