

**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

40001348



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

**DO NOT WRITE  
IN THIS SPACE**

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, 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	<del>LANE, HELEN W</del> HOPE, GLORIA
STREET ADDRESS	<del>825 TEEBOW DR</del> 900 PENINSULA AVE.
CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	SD
NAME	<del>CAMERLIN, CAROL</del> WOOD, BARBARA
STREET ADDRESS	<del>1148 GOLFVIEW DR</del> 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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IN THIS SPACE**

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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT G. BROTHERTON, TREASURER

1/13/05 (927)934-9612  
Date Daytime Phone #