

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 27, 2003 8:00 am**  
**Secretary of State**

02-27-2003 90147 042 \*\*\*\*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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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**

7. Name and Address of New Registered Agent

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

**FILE NOW: FEE IS \$61.25**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>TD BROTHERTON, ROBERT G 2801 WILLOW TRACE TARPON SPRINGS FL 34688</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD CLAY, DOROTHY 649 PALM AVE TARPON SPRINGS FL 34689</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD BLIZIN, JERALD 117 PARKSIDE COLONY DR. TARPON SPRINGS FL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MITCHELL, KIMEN 103 BEAVER DRIVE TARPON SPRINGS FL 34689</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD HELEN W. LANE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 623 TESSIER DR. TARPON SPRINGS, FL 34689</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD CAROLE CALLERLIN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1718 GOLFVIEW DR TARPON SPRINGS, FL 34689</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DKimen Mitchell <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1005 Beaver Dr. Tarpon Springs FL 34689</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD William L. Vinson <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 110 S. Lewis Ave. Tarpon Springs, FL 34689</b>
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 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**  
**ROBERT G. BROTHERTON TD, 2/15/03 (727) 934-9612**