

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 PM 4:26

DOCUMENT # **N43419 (3)**
1. Corporation Name
**THE JOHANN FUST COMMUNITY LIBRARY OF BOCA GRANDE
, FLORIDA, INC.**

Principal Place of Business Mailing Address
P.O. BOX 308 BOCA GRANDE FL 33921 **P.O. BOX 308 BOCA GRANDE FL 33921**

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified **05/15/1991** 3a. Date of Last Report **04/20/1994**
4. FEI Number **59-9861994** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **1040 Tenth Street** 26 **P.O. Box 309**
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
23 City & State 28 City & State
24 Zip 25 Country 29 Zip 30 Country

Should be
59-0861994

9. Name and Address of Current Registered Agent
BATSEL, C. GUY
1881 PLACIDA ROAD
SUITE 104
ENGLEWOOD FL 34223

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named registered agent, or both, in the State of Florida, Such change was authorized by the corporation familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	LOW, FRANCIS H. MRS
STREET ADDRESS	1190 11TH STREET, BOX 1401
CITY-ST-ZIP	BOCA GRANDE FL
TITLE	VPD
NAME	WRIGHT, HENRY MRS.
STREET ADDRESS	DAMFICARE STREET, BOX 1064
CITY-ST-ZIP	BOCA GRANDE FL
TITLE	TD
NAME	HILL, CHARLES B. JR.
STREET ADDRESS	10TH ST., BOX 417
CITY-ST-ZIP	BOCA GRANDE FL
TITLE	SD
NAME	COST, THOMAS
STREET ADDRESS	10TH STREET, BOX 309
CITY-ST-ZIP	BOCA GRANDE FL
TITLE	D
NAME	CARTEE, ROBERT
STREET ADDRESS	WATERWAYS AVENUE, BOX 896
CITY-ST-ZIP	BOCA GRANDE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Henry Cost Schriener*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-95 **213-964-2488**
Date Daytime Phone #