

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