

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N43419** (3)

1. Corporation Name
THE JOHANN FUST COMMUNITY LIBRARY OF BOCA GRANDE, FLORIDA, INC.



Principal Place of Business: **1040 TENTH STREET BOCA GRANDE FL 33921 US**
Mailing Address: **P. O. BOX 309 BOCA GRANDE FL 33921 US**

3. Date Incorporated or Qualified: **05/15/1991**
3a. Date of Last Report: **03/22/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For
		26			59-0861994	Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BATSEL, C. GUY 1861 PLACIDA ROAD SUITE 104 ENGLEWOOD FL 34223				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOW, FRANCIS H. MRS			1.2 NAME			
STREET ADDRESS	1190 11TH STREET, BOX 1401			1.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA GRANDE FL			1.4 CITY-ST-ZIP			
TITLE	VPD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WRIGHT, HENRY MRS.			2.2 NAME	VPD		
STREET ADDRESS	DAMFICARE STREET, BOX 1064			2.3 STREET ADDRESS	MRS. WILLIAM HANLEY		
CITY-ST-ZIP	BOCA GRANDE FL			2.4 CITY-ST-ZIP	19TH STREET, BOX 1123		
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HILL, CHARLES B. JR.			3.2 NAME			
STREET ADDRESS	10TH ST., BOX 417			3.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA GRANDE FL			3.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COST, THOMAS			4.2 NAME			
STREET ADDRESS	10TH STREET, BOX 309			4.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA GRANDE FL			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARTEE, ROBERT			5.2 NAME			
STREET ADDRESS	WATERWAYS AVENUE, BOX 896			5.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA GRANDE FL			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 119.07(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: *Suzanne D. Low (Mrs. Francis Low)* 4/1/96 941-964-2488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)