

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 05/15/1991		
4. FEI Number 59-0861994	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

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

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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	BURCHAM, THOMAS TD
STREET ADDRESS	1190 11TH STREET, BOX 1401	1.3 STREET ADDRESS	191 DamFiwill P.O. BOX 1818
CITY-ST-ZIP	BOCA GRANDE FL	1.4 CITY-ST-ZIP	BOCA GRANDE, FL 33921 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	MRS. WILLIAM HANLEY	2.2 NAME	
STREET ADDRESS	19TH ST, BOX 1123	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA GRANDE FL	2.4 CITY-ST-ZIP	
TITLE	TD <input checked="" 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 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 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: *Mrs. Francis H. Mrs.* Mrs. Francis Low, President *941-914-2466*

CFR2E037 (10/97)