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**Apr 14, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT CORPORATION  
 ANNUAL REPORT  
 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **N43419**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

05/15/1991

4. FEI Number

59-0861994

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Election Campaign Financing  
 Trust Fund Contribution

**\$5.00** May Be  
 Added to Fees

9. Name and Address of Current Registered Agent

**BATSEL, C. GUY**  
 1861 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

**FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD**  DELETE  
 NAME **LOW, FRANCIS H. MRS**  
 STREET ADDRESS **1190 11TH STREET, BOX 1401**  
 CITY-ST-ZIP **BOCA GRANDE FL**

TITLE **VPD**  DELETE  
 NAME **MRS. WILLIAM HANLEY**  
 STREET ADDRESS **19TH ST, BOX 1123**  
 CITY-ST-ZIP **BOCA GRANDE FL**

TITLE **TR PD TREASURER**  DELETE  
 NAME **BURCHAM, THOMAS**  
 STREET ADDRESS **191 DAMFIWILL P O BOX 1818**  
 CITY-ST-ZIP **BOCA GRANDE FL 33921**

TITLE **SD**  DELETE  
 NAME **COST, THOMAS**  
 STREET ADDRESS **10TH STREET, BOX 309**  
 CITY-ST-ZIP **BOCA GRANDE FL**

TITLE **D**  DELETE  
 NAME **CARTEE, ROBERT**  
 STREET ADDRESS **WATERWAYS AVENUE, BOX 896**  
 CITY-ST-ZIP **BOCA GRANDE FL**

TITLE **MRS. LADD CURTIS**  DELETE  
 NAME **MRS. LADD CURTIS**  
 STREET ADDRESS **9871 Gasparilla Rd**  
 CITY-ST-ZIP **Boca Grand, Fl 33921**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Mr. THOMAS BURCHAM PD**  Change  Addition  
 1.2 NAME **191 DAMFIWILL P.O. BOX 1818**  
 1.3 STREET ADDRESS **BOCA GRANDE, FL 33921**

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 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, with all other like empowered.

SIGNATURE: *Thomas Burcham* 4-6-99 941-964-2485  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)