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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Mr. THOMAS BURCHAM PD Change Addition
 1.2 NAME
 1.3 STREET ADDRESS 191 DAMFIWILL P.O. BOX 1818
 1.4 CITY-ST-ZIP 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)