

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 8:00 am
Secretary of State

01-15-2004 90007 040 ****70.00

DOCUMENT # N43419

1. Entity 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
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01052004 Chg-NP CR2E037 (10/03)

City & State
 Zip Country

4. FEI Number
59-0861994

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BATSEL, C. GUY
1861 PLACIDA ROAD
SUITE 104
ENGLEWOOD, FL 34223

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BURCHAM, THOMAS	
STREET ADDRESS	191 DAMFTWILL	
CITY-ST-ZIP	BOCA GRANDE, FL 33921	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	MRS. WILLIAM HANLEY	
STREET ADDRESS	19TH ST, BOX 1123	
CITY-ST-ZIP	BOCA GRANDE, FL	
TITLE	PDT	<input checked="" type="checkbox"/> Delete
NAME	TYLER, CHARLES	
STREET ADDRESS	PO BOX 1878	
CITY-ST-ZIP	BOCA GRANDE, FL 33921	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	PERKINS, BETH	
STREET ADDRESS	431 LAFITTE ST	
CITY-ST-ZIP	BOCA GRANDE, FL 33921	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CURTER, LADD MRS	
STREET ADDRESS	9871 GASPARILLA RD	
CITY-ST-ZIP	BOCA GRANDE, FL 33821	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELISE HANLEY	
STREET ADDRESS	19th St Box 1123	
CITY-ST-ZIP	BOCA GRANDE, FL 33921	
TITLE	VPP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dr. Rosemary Rowler	
STREET ADDRESS	PO Box 934	
CITY-ST-ZIP	BOCA GRANDE FL 33921	
TITLE	PDT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Susan Shaffer	
STREET ADDRESS	PO Box 392	
CITY-ST-ZIP	BOCA GRANDE FL 33921	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charles Tyler	
STREET ADDRESS	PO Box 1878	
CITY-ST-ZIP	BOCA GRANDE 33921	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dr Henry Wright	
STREET ADDRESS	P.O. Box 1068	
CITY-ST-ZIP	BOCA GRANDE FL 33921	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas Burcham	
STREET ADDRESS	191 Damftwill St	
CITY-ST-ZIP	BOCA GRANDE FL 33921	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Elise A. Hanley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/6/04 Daytime Phone #: 941-964-2488