


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90068 023 \*\*\*\*96.25

<b>DOCUMENT # N43419</b>					
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			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BATSEL, C. GUY 1861 PLACIDA ROAD SUITE 104 ENGLEWOOD, FL 34223				Name: <u>Julia E. Cartland, CPA</u>	
				Street Address (P.O. Box Number is Not Acceptable): <u>508 N. Indiana Avenue</u>	
				City: <u>Englewood</u> FL Zip Code: <u>34223</u>	
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: <u>Julia E. Cartland, CPA</u>		Julia E. Cartland, CPA		1-18-05	
		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDLEY, ELISE		NAME	Hanley, Elise	
STREET ADDRESS	19TH ST BOX 123		STREET ADDRESS	19th St., Box 123	
CITY-ST-ZIP	BOCA GRANDE, FL 33921		CITY-ST-ZIP	Boca Grande, FL 33921	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWLER, ROSEMARY DR		NAME		
STREET ADDRESS	P.O. BOX 934		STREET ADDRESS		
CITY-ST-ZIP	BOCA GRANDE, FL 33921		CITY-ST-ZIP		
TITLE	PDT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAFFER, SUSAN		NAME		
STREET ADDRESS	P.O. BOX 292		STREET ADDRESS		
CITY-ST-ZIP	BOCA GRANDE, FL 33921		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TYLER, CHARLES		NAME		
STREET ADDRESS	P.O. BOX 1878		STREET ADDRESS		
CITY-ST-ZIP	BOCA GRANDE, FL 33921		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEIGHT, HENRY		NAME	Wright, Henry	
STREET ADDRESS	P.O. BOX 1068		STREET ADDRESS	P.O. Box 1068	
CITY-ST-ZIP	BOCA GRANDE, FL 33921		CITY-ST-ZIP	Boca Grande, FL 33921	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>[Signature]</u>		1/24/05		941-964-2488	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

20006578



01182005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-0861994 Applied For Not Applicable

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