


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90451 009 \*\*\*\*61.25

<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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-0861994	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent CARTLAND, JULIA E CPA 508 N. INDIANA AVENUE 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: <i>Julia Cartland CPA</i>				DATE: 4.27.07	
Filing Fee is \$61.25 Due by May 1, 2007		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 type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HANLEY, ELISE		NAME		
STREET ADDRESS	19TH ST BOX 123		STREET ADDRESS		
CITY-ST-ZIP	BOCA GRANDE, FL 33921		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOWLER, ROSEMARY DR		NAME	Dumas, Timothy	
STREET ADDRESS	P.O. BOX 934		STREET ADDRESS	P.O. Box 2358	
CITY-ST-ZIP	BOCA GRANDE, FL 33921		CITY-ST-ZIP	BOCA GRANDE, FL 33921	
TITLE	PDT	<input type="checkbox"/> Delete	TITLE	Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAFFER, SUSAN		NAME	Shaffer, Susan	
STREET ADDRESS	P.O. BOX 292		STREET ADDRESS	P.O. Box 292	
CITY-ST-ZIP	BOCA GRANDE, FL 33921		CITY-ST-ZIP	BOCA GRANDE, FL 33921	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TYLER, CHARLES		NAME	Fuller, SUE	
STREET ADDRESS	P.O. BOX 1878		STREET ADDRESS	P.O. Box 1049	
CITY-ST-ZIP	BOCA GRANDE, FL 33921		CITY-ST-ZIP	BOCA GRANDE, FL 33921	
TITLE	D	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WRIGHT, HENRY		NAME	Csank, Paul	
STREET ADDRESS	P.O. BOX 1068		STREET ADDRESS	P.O. Box 1521	
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 exemptions contained in Chapter 119, 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: <i>Elise A. Hanley</i>		Date: 4/26/07		Daytime Phone #: 941-964-2488	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					