

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008
Secretary of State

DOCUMENT# N43419

Entity Name: THE JOHANN FUST COMMUNITY LIBRARY OF BOCA GRANDE, FLORIDA, INC.

Current Principal Place of Business:

1040 TENTH STREET
BOCA GRANDE, FL 33921 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 309
BOCA GRANDE, FL 33921 US

New Mailing Address:

FEI Number: 59-0861994 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARTLAND, JULIA E CPA
508 N. INDIANA AVENUE
ENGLEWOOD, FL 34223 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HANLEY, ELISE
Address: 19TH ST BOX 123
City-St-Zip: BOCA GRANDE, FL 33921

Title: T () Delete
Name: DUMAS, TIMOTHEY
Address: PO BOX 2358
City-St-Zip: BOCA GRANDE, FL 33921

Title: V () Delete
Name: SHAFFER, SUSAN
Address: P.O.BOX 292
City-St-Zip: BOCA GRANDE, FL 33921

Title: S () Delete
Name: FULLER, SUE
Address: PO BOX 1949
City-St-Zip: BOCA GRANDE, FL 33921

Title: D () Delete
Name: WRIGHT, HENRY
Address: P.O.BOX 1068
City-St-Zip: BOCA GRANDE, FL 33921

Title: D () Delete
Name: CSAUK, PAUL
Address: PO BOX 1521
City-St-Zip: BOCA GRANDE, FL 33921

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: DUMAS, TIMOTHY
Address: PO BOX 2358
City-St-Zip: BOCA GRANDE, FL 33921

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN SHAFFER

V

01/09/2008

Electronic Signature of Signing Officer or Director

_____ Date