

N 43 419

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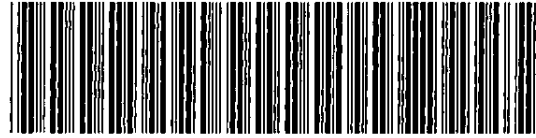
(Business Entity Name)

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*RA to UG*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 MAY 13 AM 9:13

FILED

T. Roberts MAY 13 2008



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 30, 2008

NANCY R. COOPER  
JOHANN FUST COMMUNITY LIBRARY  
1040 WEST 10TH ST, P O BOX 309  
BOCA GRANDE, FL 33921

SUBJECT: THE JOHANN FUST COMMUNITY LIBRARY OF BOCA GRANDE,  
FLORIDA, INC.  
Ref. Number: N43419

We have received your document for THE JOHANN FUST COMMUNITY LIBRARY OF BOCA GRANDE, FLORIDA, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts  
Regulatory Specialist II

Letter Number: 708A00027032

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Johann Fust Community Library  
(Name of Corporation)

**DOCUMENT NUMBER:** N43419

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nancy R. Cooper  
(Name of Contact Person)

Johann Fust Community Library  
(Firm/Company)

1040 West 10th St. Po Box 309  
(Address)

Boca Grande, FL. 33921  
(City/State and Zip Code)

For further information concerning this matter, please call:

Nancy R. Cooper at ( 941 ) 964-2488  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Johann Fust Community Library of Boca Grande Florida Inc.
2. The principal office address: 1040 West 10th St. Boca Grande, FL 33921
3. The mailing address (if different): PO Box 309 Boca Grande, FL 33921
4. Date of incorporation/qualification: 5/15/1991 Document number: N43419
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Cartland, Julia E. CPA
508 N. Indiana Ave.
Englewood, FL 34223

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TALLAHASSEE, FLORIDA

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Dan J. Mahoney, CPA P.A.
2726-D Tamiami Trail
(P.O. Box NOT acceptable)
Port Charlotte, FL 33952

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
(Signature of an officer or director)

SUSAN K. SHAEFER, VICE PRES.
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
(Signature of Registered Agent)

4/22/08
(Date)

If signing on behalf of an entity:

DAN J. MAHONEY
(Typed or Printed Name)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314