

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43419

Entity Name: JOHANN FUST LIBRARY FOUNDATION, INC.

Current Principal Place of Business:

1040 WEST 10TH STREET
BOCA GRANDE, FL 33921

Current Mailing Address:

P. O. BOX 309
BOCA GRANDE, FL 33921-0309 US

FEI Number: 59-0861994

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MARQUIS, BARBARA A
1040 WEST 10TH STREET
BOCA GRANDE, FL 33921 US

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: BARBARA A MARQUIS

04/11/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name EDGERTON, BARBARA
Address P. O. BOX 309
City-State-Zip: BOCA GRANDE FL 33921-0309

Title SECRETARY
Name HALL, JR., JOHN P.
Address P. O. BOX 309
City-State-Zip: BOCA GRANDE FL 33921-0309

Title DIRECTOR
Name GHRISKEY, JR., BILL
Address P. O. BOX 309
City-State-Zip: BOCA GRANDE FL 33921-0309

Title DIRECTOR
Name FULLER, SUE
Address P. O. BOX 309
City-State-Zip: BOCA GRANDE FL 33921-0309

Title DIRECTOR
Name MAJOR, LINDSAY
Address P. O. BOX 309
City-State-Zip: BOCA GRANDE FL 33921-0309

Title DIRECTOR
Name MAY, LINDA
Address P. O. BOX 309
City-State-Zip: BOCA GRANDE FL 33921-0309

Title VP
Name ROCKEFELLER, REGINA S. ESQ.
Address P. O. BOX 309
City-State-Zip: BOCA GRANDE FL 33921-0309

Title DIRECTOR
Name ALEXANDER, MICHAEL O
Address P. O. BOX 309
City-State-Zip: BOCA GRANDE FL 33921-0309

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I hereby 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 all other like empowered.

SIGNATURE: JOHN CLEGHORN

PRESIDENT

04/11/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name CARLEY, JOHN H
Address P. O. BOX 309
City-State-Zip: BOCA GRANDE FL 33921-0309

Title TREASURER
Name HOYT, JACQUE
Address P. O. BOX 309
City-State-Zip: BOCA GRANDE FL 33921-0309

Title DIRECTOR
Name NASH, DEB
Address P. O. BOX 309
City-State-Zip: BOCA GRANDE FL 33921-0309

Title DIRECTOR
Name FRASER, DOD
Address P.O. BOX 309
City-State-Zip: BOCA GRANDE FL 33921

Title PRESIDENT
Name CLEGHORN, JOHN
Address P. O. BOX 309
City-State-Zip: BOCA GRANDE FL 33921-0309

Title DIRECTOR
Name MOORE, JEFF
Address P. O. BOX 309
City-State-Zip: BOCA GRANDE FL 33921-0309

Title DIRECTOR
Name ZARSE, KAREN
Address P.O. BOX 309
City-State-Zip: BOCA GRANDE FL 33921