

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43419

Entity Name: JOHANN FUST LIBRARY FOUNDATION, INC.

Current Principal Place of Business:

1040 TENTH 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: No

Name and Address of Current Registered Agent:

BEDNERIK, JON C
3640 BAL HARBOR BOULEVARD
#435
PUNTA GORDA, FL 33950-8294 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: JON C. BEDNERIK

04/03/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name COWPERTHWAIT, CHRIS
Address P.O. BOX 1983
City-State-Zip: BOCA GRANDE FL 33921-1983

Title DIRECTOR
Name WAGNER, KAY
Address P.O. BOX 1950
City-State-Zip: BOCA GRANDE FL 33921-1950

Title VP
Name GORMAN, ALICE
Address P.O. BOX 1743
City-State-Zip: BOCA GRANDE FL 33921-1743

Title DIRECTOR
Name GENIESSE, BOB
Address P.O. BOX 516
City-State-Zip: BOCA GRANDE FL 33921-0516

Title TREASURER
Name BRYANT, HENRY I.
Address P.O. BOX 1674
City-State-Zip: BOCA GRANDE FL 33921-1674

Title DIRECTOR
Name EDGERTON, BARBARA
Address P.O. BOX 1066
City-State-Zip: BOCA GRANDE FL 33921-1066

Title SECRETARY
Name HOOPER, CANDICE
Address P.O. BOX 777
City-State-Zip: BOCA GRANDE FL 33921-0777

Title DIRECTOR
Name MURPHY, HEBE
Address P.O. BOX 1835
City-State-Zip: BOCA GRANDE FL 33921-1835

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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: CANDICE HOOPER

SECRETARY

04/03/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SANGER, PETE
Address P.O. BOX 457
City-State-Zip: BOCA GRNADE FL 33921-0457

Title DIRECTOR
Name HOWELL, MARY L.
Address P.O. BOX 399
City-State-Zip: BOCA GRANDE FL 33921-0399

Title DIRECTOR
Name HAMMMOND, DAVIS
Address P.O. BOX 783
City-State-Zip: BOCA GRANDE FL 33921-0783