

**2015 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

04/23/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

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

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

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

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

Title DIRECTOR  
Name DEUPREE, BECKY  
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:** SUE FULLER

SECRETARY

04/23/2015

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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