

2020 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

06/24/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title VP
Name HOYT, JACQUE
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 SECRETARY
Name NASH, DEB
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

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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

06/24/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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

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