

**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