

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N43419

**FILED**  
**Mar 25, 2013**  
**Secretary of State**  
**CC7513066419**

**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**

**03/25/2013**

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

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

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

Title           SECRETARY  
Name           WHIPPLE, KIMBERLY  
Address        P.O. BOX 2113  
City-State-Zip: BOCA GRANDE FL 33921

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

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

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

Title           DIRECTOR  
Name           HOOPER, CANDICE  
Address        P.O. BOX 777  
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: CHRIS COWPERTHWAIT**

**PRESIDENT**

**03/25/2013**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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

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