

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