

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43419

FILED  
Jan 09, 2008  
Secretary of State

**Entity Name:** THE JOHANN FUST COMMUNITY LIBRARY OF BOCA GRANDE, FLORIDA, INC.

**Current Principal Place of Business:**

1040 TENTH STREET  
BOCA GRANDE, FL 33921 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 309  
BOCA GRANDE, FL 33921 US

**New Mailing Address:**

**FEI Number:** 59-0861994      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CARTLAND, JULIA E CPA  
508 N. INDIANA AVENUE  
ENGLEWOOD, FL 34223 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HANLEY, ELISE  
Address: 19TH ST BOX 123  
City-St-Zip: BOCA GRANDE, FL 33921

Title: T ( ) Delete  
Name: DUMAS, TIMOTHEY  
Address: PO BOX 2358  
City-St-Zip: BOCA GRANDE, FL 33921

Title: V ( ) Delete  
Name: SHAFFER, SUSAN  
Address: P.O.BOX 292  
City-St-Zip: BOCA GRANDE, FL 33921

Title: S ( ) Delete  
Name: FULLER, SUE  
Address: PO BOX 1949  
City-St-Zip: BOCA GRANDE, FL 33921

Title: D ( ) Delete  
Name: WRIGHT, HENRY  
Address: P.O.BOX 1068  
City-St-Zip: BOCA GRANDE, FL 33921

Title: D ( ) Delete  
Name: CSAUK, PAUL  
Address: PO BOX 1521  
City-St-Zip: BOCA GRANDE, FL 33921

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: DUMAS, TIMOTHY  
Address: PO BOX 2358  
City-St-Zip: BOCA GRANDE, FL 33921

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SUSAN SHAFFER

V

01/09/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date