

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 01, 2004
Secretary of State**

DOCUMENT# N00000001095

Entity Name: THE BREVARD COUNTY LIBRARY SYSTEM FOUNDATION, INC.

Current Principal Place of Business:

219 INDIAN RIVER DR.
COCOA, FL 32922

New Principal Place of Business:

Current Mailing Address:

219 INDIAN RIVER DR.
COCOA, FL 32922

New Mailing Address:

FEI Number: 59-3631614 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KELLAR, NED
219 INDIAN RIVER DR.
COCOA, FL 32922

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: DP () Delete
Name: KING, ANDRE S
Address: 8010 N ATLANTIC AVE., STE 8
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: DVP () Delete
Name: MITCHELL, GARY
Address: 6761 FAWN RIDER RD
City-St-Zip: VIERA, FL 32940

Title: D () Delete
Name: ANDERSON, ROBERT A
Address: 1292 ST. ANDREWS CT.
City-St-Zip: ROCKLEDGE, FL 32955

Title: DST () Delete
Name: CHAPANINI, BINO
Address: 404 ARUBA CT
City-St-Zip: SATELLITE BEACH, FL 32937

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: KING, ANDRE S
Address: 8010 N ATLANTIC AVE., STE 8
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: DP (X) Change () Addition
Name: MITCHELL, GARY
Address: 6761 FAWN RIDER RD
City-St-Zip: VIERA, FL 32940

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 for the exemption stated in Section 119.07(3)(i), 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: NED KELLAR

EXEC

07/01/2004

Electronic Signature of Signing Officer or Director

_____ Date