


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 08, 2006 8:00 am
Secretary of State

06-08-2006 90001 038 ****70.00

DOCUMENT # N00000001095

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



40095013



Principal Place of Business
219 INDIAN RIVER DR. COCOA, FL 32922

Mailing Address
219 INDIAN RIVER DR. COCOA, FL 32922

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

06052006 Chg-NP CR2E037 (4/06)

4. FEI Number
59-3631614

Applied For
 Not Applicable.

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MITCHELL, GARY S PRESIDE	
STREET ADDRESS	6761 FAWN RIDGE ROAD	
CITY-ST-ZIP	VIERA, FL 32940	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROSSI, FRANK	
STREET ADDRESS	7276 CANDLESTICK DR.	
CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE	SECT	<input type="checkbox"/> Delete
NAME	LAHAM, MICHELE	
STREET ADDRESS	635 ELIOT DR.	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952	
TITLE	DST	<input type="checkbox"/> Delete
NAME	CHAPANINI, BINO	
STREET ADDRESS	404 ARUBA CT	
CITY-ST-ZIP	SATELLITE BEACH, FL 32937	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Frank Rossi	
STREET ADDRESS	7276 Candlestick Dr.	
CITY-ST-ZIP	Melbourne, FL 32940	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Adrian LaFitte	
STREET ADDRESS	1265 Mercedes Dr.	
CITY-ST-ZIP	Merritt Island, FL 32952	
TITLE	Sect.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ginny Davis	
STREET ADDRESS	1427 Bishop Rd.	
CITY-ST-ZIP	Merritt Island, FL 32953	
TITLE	Treas.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Herb Vitt	
STREET ADDRESS	3040 Winter Oaks Dr	
CITY-ST-ZIP	Merritt Island, FL 32953	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an addressee, with all other like empowered.

SIGNATURE: _____ **Date** _____ **Daytime Phone #** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



Consumer's Certificate of Exemption

R. 10/99

Issued Pursuant to Chapter 212, Florida Statutes

15-04-095405-85C	01/16/02	01/16/07	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

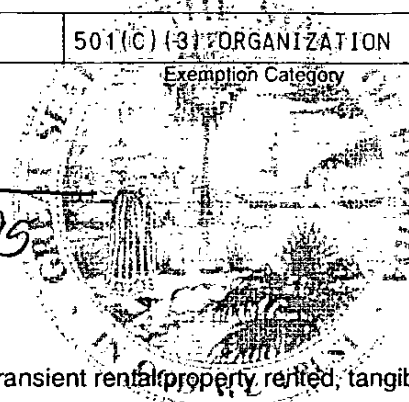
This certifies that

BREVARD LIBRARY FOUNDATION
 215 INDIAN RIVER DRIVE
 COCOA FL 32922

ATTACHMENT

40095013

#100000001095



is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



Important Information for Exempt Organizations

DR-14
R. 10/99

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.039, Florida Administrative Code (FAC), or request Form DR-97, Suggested Format for Blanket Certificate of Exemption.
2. Your Consumer's Certificate of Exemption is to be used solely by your organization for your organization's customary nonprofit activities.
3. Your organization's purchases will only be exempt when a signed exemption certificate is presented to the seller and payment is made directly by your organization.
4. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
5. This exemption applies only to purchases your organization makes. The sale or lease to others by your organization of tangible personal property, sleeping accommodations or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property. (Rule 12A-1.070, FAC).
6. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third degree felony. Any violation will necessitate the revocation of this certificate.
7. If you have questions regarding your exemption certificate, please contact the Exemption Unit of Central Registration, at 850-487-4130. The mailing address is 5050 West Tennessee Street, Tallahassee, FL 32399-0100.