

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001095

FILED
Mar 08, 2007
Secretary of State

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 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: P () Delete
Name: ROSSI, FRANK
Address: 7276 CANDLESTICK DR.
City-St-Zip: MELBOURNE, FL 32940

Title: VP () Delete
Name: LAFITTE, ADRIAN
Address: 1265 MERCEDES DR.
City-St-Zip: MERRITT ISLAND, FL 32952

Title: SECT () Delete
Name: LAHAM, MICHELE
Address: 635 ELIOT DR.
City-St-Zip: MERRITT ISLAND, FL 32952

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

Title: S (X) Delete
Name: DAVIS, GINNY
Address: 1427 BISHOP RD.
City-St-Zip: MERRITT ISLAND, FL 32953

Title: T (X) Delete
Name: VITT, HERB
Address: 3040 WINTER OAKS DR.
City-St-Zip: MERRITT ISLAND, FL 32953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: LAFFITTE, ADRIAN
Address: 1265 MERCEDES DR.
City-St-Zip: MERRITT ISLAND, FL 32952

Title: VP (X) Change () Addition
Name: LARRY, MCINTYRE
Address: 2890 HARPER RD
City-St-Zip: MELBOURNE, FL 32804

Title: SEC (X) Change () Addition
Name: DAVIS, VIRGINIA
Address: 1427 BISHOP RD
City-St-Zip: MERRITT ISLAND, FL 32953

Title: TREA (X) Change () Addition
Name: VITT, HERB
Address: 3040 WINTER OAKS DR.
City-St-Zip: MERRITT ISLAND, FL 32953

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 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: ADRIAN LAFFITTE

Electronic Signature of Signing Officer or Director

PRES

03/08/2007

Date