2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N0000001095

FILED Oct 27, 2008 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

219 INDIAN RIVER DR. COCOA, FL 32922

Current Mailing Address: New Mailing Address:

219 INDIAN RIVER DR. COCOA, FL 32922

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Delete Title: PRES (X) Change () Addition

 Name:
 LAFFITTE, ADRIAN
 Name:
 MCINTYRE, LARRY

 Address:
 1265 MERCEDES DR.
 Address:
 2890 HARPER RD

 City-St-Zip:
 MERRITT ISLAND, FL 32952
 City-St-Zip:
 MELBOURNE, FL 32904

Title: VP () Delete Title: VP (X) Change () Addition

 Name:
 LARRY, MCINTYRE
 Name:
 MORRELL, MARJORIE

 Address:
 2890 HARPER RD
 Address:
 289 SANDY RUN

 City-St-Zip:
 MELBOURNE, FL 32804
 City-St-Zip:
 MELBOURNE, FL 32904

Title: SEC () Delete Title: () Change () Addition

 Name:
 DAVIS, VIRGINIA
 Name:

 Address:
 1427 BISHOP RD
 Address:

 City-St-Zip:
 MERRITT ISLAND, FL 32953
 City-St-Zip:

Title: TREA () Delete Title: () Change () Addition

 Name:
 VITT, HERB
 Name:

 Address:
 3040 WINTER OAKS DR.
 Address:

 City-St-Zip:
 MERRITT ISLAND, FL 32953
 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: LARRY MCINTYRE PRES 10/27/2008