2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
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 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: PRES ( ) Delete
Name: MCINTYRE, LARRY
Address: 2890 HARPER RD
City-St-Zip: MELBOURNE, FL 32904

Title: VP ( ) Delete
Name: MORRELL, MARJORIE
Address: 289 SANDY RUN
City-St-Zip: MELBOURNE, FL 32904

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: NED KELLAR EXDI 04/15/2009

Electronic Signature of Signing Officer or Director Date