


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-11-2003 90203 045 ****61.25

DOCUMENT # N00000001095							
1. Entity Name THE BREVARD COUNTY LIBRARY SYSTEM FOUNDATION, IN C.							
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		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 59-3631614			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
KELLAR, NED 219 INDIAN RIVER DR. COCOA FL 32922			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
Make Check Payable to Florida Department of State							
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BROOM, MELTON		NAME	ANDRE SHEA KING			
STREET ADDRESS	760 MONTCLAIR RD. NE		STREET ADDRESS	8010 N. ATLANTIC AVE. Ste 8			
CITY-ST-ZIP	PALM BAY FL 32903		CITY-ST-ZIP	CAPT CANAVARAH, FL. 32920			
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SHULMAN, MARILYN		NAME	VICE PRESIDENT			
STREET ADDRESS	2389 BROOKSIDE DR.		STREET ADDRESS	CAROL MITCHELL			
CITY-ST-ZIP	MELBOURNE FL 32903		CITY-ST-ZIP	6761 FAUN RIDGE RD			
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ANDERSON, ROBERT A		NAME	SECT./TACAS			
STREET ADDRESS	1292 ST. ANDREWS CT.		STREET ADDRESS	BIND CAMPANINI			
CITY-ST-ZIP	ROCKLEDGE FL 32955		CITY-ST-ZIP	404 ARUBA CT			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify 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 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 address, with all other like empowered.							
SIGNATURE: SIGNATURE REQUIRED		Exec Director		4-8-03			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							

CR2E037 (10/02)