

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000009496

Entity Name: BRING ME A BOOK FRANKLIN, INC.**Current Principal Place of Business:**392 COACH WAGONER BLVD.
APALACHICOLA, FL 32320**Current Mailing Address:**P.O. BOX 160
APALACHICOLA, FL 32329**FEI Number:** 27-1072506**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MARSHALL, MARIE
66 AVENUE D
APALACHICOLA, FL 32320 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	WATTS, MICHAELIN R
Address	P.O. BOX 190
City-State-Zip:	APALACHICOLA FL 32329

Title	STD
Name	WATTS, DAVID H
Address	P.O. BOX 190
City-State-Zip:	APALACHICOLA FL 32329

Title	DIRECTOR
Name	KIENZLE, CAROLINE
Address	P.O. BOX 160
City-State-Zip:	APALACHICOLA FL 32329

Title	VPD
Name	MARSHALL, MARIE
Address	66 AVENUE D
City-State-Zip:	APALACHICOLA FL 32320

Title	DIRECTOR
Name	BEAN, MASON J
Address	P.O. BOX 160
City-State-Zip:	APALACHICOLA FL 32329

Title	DIRECTOR
Name	WEBB, VALENTINA
Address	P.O. BOX 160
City-State-Zip:	APALACHICOLA FL 32329

I hereby 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 all other like empowered.

SIGNATURE: DAVID H WATTS**SECRETARY/TREASURER** 03/09/2018_____
Electronic Signature of Signing Officer/Director Detail_____
Date