

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000009496

**Entity Name:** BRING ME A BOOK FRANKLIN, INC.**Current Principal Place of Business:**C/O FRANKLIN'S PROMISE COALITION  
192 14TH STREET  
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	VPD
Name	MARSHALL, MARIE
Address	66 AVENUE D
City-State-Zip:	APALACHICOLA FL 32320

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

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

Title	DIRECTOR
Name	KIENZLE, CAROLINE
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** 02/09/2017\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date