

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000009496

**FILED**  
**Jan 15, 2015**  
**Secretary of State**  
**CC8362109264**

**Entity Name:** BRING ME A BOOK FRANKLIN, INC.

**Current Principal Place of Business:**

C/O APALACHICOLA MUSEUM OF ART  
96 FIFTH 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** 01/15/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date