

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000009496

**Entity Name:** BRING ME A BOOK FRANKLIN, INC.**Current Principal Place of Business:**192 COACH WAGONER BLVD.  
APALACHICOLA, FL 32320**Current Mailing Address:**P.O. BOX 160  
APALACHICOLA, FL 32329 US**FEI Number: 27-1072506****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WATTS, DAVID H.  
15 13TH STREET  
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:** DAVID H WATTS

03/29/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name WATTS, MICHAELIN REAMY  
Address P.O. BOX 160  
City-State-Zip: APALACHICOLA FL 32329

Title VPD  
Name MARSHALL, MARIE Q.  
Address P.O. BOX 160  
City-State-Zip: APALACHICOLA FL 32329

Title DST  
Name WATTS, DAVID HENDERSON  
Address P.O. BOX 160  
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

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

Title DIRECTOR  
Name SIMMONS, DEANNA T  
Address P.O. BOX 160  
City-State-Zip: APALACHICOLA FL 32329

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

**Continues on page 2**

*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** 03/29/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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