

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