


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2005 8:00 am**  
**Secretary of State**

02-04-2005 90038 003 \*\*\*\*61.25

<b>DOCUMENT # 732849</b> 1. Entity Name <b>FRANKLIN COUNTY SENIOR CITIZENS COUNCIL, INC.</b>					
Principal Place of Business <b>201 AVENUE F N CARRABELLE, FL 32322</b>			Mailing Address <b>FIRST STREET WEST &amp; AVENUE F NORTH P.O. BOX 814 CARRABELLE, FL 32322</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		01122005 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number <b>59-1628847</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>RANKIN, CHAERYL L 205 MARK ST PO BOX 204 CARRABELLE, FL 32322</b>				7. Name and Address of New Registered Agent Name <b>BONNIE SEGREE</b> Street Address (P.O. Box Number is Not Acceptable) <b>669 CYPRESS LANE, P.O. BOX 827</b> City <b>EASTPOINT FL 32328</b>	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Bonnie Segree</u> , <b>BOARD PRESIDENT</b> , <b>02-02-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		Make check payable to <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HAMPTON, MAY 1881 HWY 98 WEST CARRABELLE, FL 32322	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BONNIE SEGREE 669 CYPRESS LANE, P.O. BOX 827 EASTPOINT FL 32328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RANKIN, CHERRY 205 MARK ST PO BOX 204 CARRABELLE, FL 32322	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BUSTER, MARIE P.O. BOX 1344 LANARK VILLAGE, FL 32323	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BMD CROOM, GRANVILLE P.O. BOX 475 APALACHICOLA, FL 32329	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT REED, SUE 1724 CARRABELLE BEACH DRIVE CARRABELLE, FL 32322	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Bonnie Segree</u> , <b>BONNIE SEGREE - BOARD PRESIDENT 01-26-05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

(850) 670-4481