


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90040 031 ****70.00

DOCUMENT # 732849	
1. Entity Name FRANKLIN COUNTY SENIOR CITIZENS COUNCIL, INC.	

40014044



Principal Place of Business 201 AVENUE F N CARRABELLE, FL 32322	Mailing Address FIRST STREET WEST & AVENUE F NORTH P.O. BOX 814 CARRABELLE, FL 32322
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

02132006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-1628847	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SEGREE, BONNIE 669 CYPRESS LANE P O BOX 827 EASTPOINT, FL 32328	7. Name and Address of New Registered Agent Name <u>Sue Reed</u> Street Address (P.O. Box Number is Not Acceptable) <u>201 NW Ave F</u> City <u>Carrabelle</u> FL Zip Code <u>32322</u>
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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 Sue Reed
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HAMPTON, MAY 1881 HWY 98 WEST CARRABELLE, FL 32322 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Sue Reed 201 NW Ave. F Carrabelle FL 32322 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BMD CROOM, GRANVILLE P.O. BOX 475 APALACHICOLA, FL 32329 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Bessie Robison 201 NW Avenue F Carrabelle FL 32322 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT REED, SUE 1724 CARRABELLE BEACH DRIVE CARRABELLE, FL 32322 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer JAMES Lawlor 201 NW Ave. F Carrabelle FL 32322 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SEGREE, BONNIE 669 CYPRESS LANE, P O BOX 827 EASTPOINT, FL 32328 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Joyce Durham 201 NW Ave. F Carrabelle, FL 32322 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	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 exemptions contained in Chapter 119, 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: Sue Reed Date 2-14-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #