

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 20, 2007 8:00 am**  
**Secretary of State**

07-13-2007 90089 024 \*\*\*\*70.00

**DOCUMENT # 732849**

1. Entity Name  
**FRANKLIN COUNTY SENIOR CITIZENS COUNCIL, INC.**



**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**



07112007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**59-1628847**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**REED, SUE  
201 NW AVE F  
CARRABELLE, FL 32322**

**DO NOT WRITE  
IN THIS SPACE**

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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	REED, SUE
STREET ADDRESS	201 NW AVE F
CITY-STATE-ZIP	CARRABELLE, FL 32322
TITLE	VP
NAME	ROBISON, BESSIE
STREET ADDRESS	201 NW AVE F
CITY-STATE-ZIP	CARRABELLE, FL 32322
TITLE	T
NAME	LAWLOR, JAMES
STREET ADDRESS	201 NW AVE F
CITY-STATE-ZIP	CARRABELLE, FL 32322
TITLE	S
NAME	DURHAM, JOYCE
STREET ADDRESS	201 NW AVE F
CITY-STATE-ZIP	CARRABELLE, FL 32322
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*8-10-07* *850 697-3700*