2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2009
Secretary of State

DOCUMENT# 732849

Entity Name: FRANKLIN COUNTY SENIOR CITIZENS COUNCIL, INC.

Current Principal Place of Business:

201 AVENUE F N
CARRABELLE, FL 32322

New Principal Place of Business:

Current Mailing Address:

FIRST STREET WEST & AVENUE F NORTH
P.O. BOX 814
CARRABELLE, FL 32322

New Mailing Address:

FEI Number: 59-1628847 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

BLANCHETT, HERSCHELL
201 NW AVE F
CARRABELLE, FL 32322 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: HERSCHELL BLANCHETT 07/13/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: REED, SUE
Address: 201 NW AVE F
City-St-Zip: CARRABELLE, FL 32322

Title: VP ( ) Delete
Name: ROBISON, BESSIE
Address: 201 NW AVE F
City-St-Zip: CARRABELLE, FL 32322

Title: T ( ) Delete
Name: LAWLOR, JAMES
Address: 201 NW AVE F
City-St-Zip: CARRABELLE, FL 32322

Title: S ( ) Delete
Name: DURHAM, JOYCE
Address: 201 NW AVE F
City-St-Zip: CARRABELLE, FL 32322

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BLANCHETT, HERSCHELL
Address: 201 NW AVE F
City-St-Zip: CARRABELLE, FL 32322

Title: VP (X) Change ( ) Addition
Name: ROBISON, MARK
Address: 201 NW AVE F
City-St-Zip: CARRABELLE, FL 32322

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: BLANCHETT, ANNELLLE
Address: 201 NW AVE F
City-St-Zip: CARRABELLE, FL 32322

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: HERSCHELL BLANCHETT PRES 07/13/2009
Electronic Signature of Signing Officer or Director Date