

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Sep 11, 2009**  
**Secretary of State**

DOCUMENT# 762743

**Entity Name:** FRANKLIN COUNTY SEAFOOD WORKERS ASSOCIATION, INC.**Current Principal Place of Business:**534 OYSTER ROAD  
APALACHICOLA, FL 32320 US**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 247  
APALACHICOLA, FL 32329 US**New Mailing Address:****FEI Number:** 59-3454733 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**MCLAIN, DAVID  
201 N. BAYSHORE DR.  
EASTPOINT, FL 32328 US**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** PD ( ) Delete  
**Name:** RICHARDS, JOHN R  
**Address:** 534 OYSTER RD.  
**City-St-Zip:** APALACHICOLA, FL 32320**Title:** VD ( ) Delete  
**Name:** ROTELLA, BRUCE  
**Address:** 576 WILDERNESS RD.  
**City-St-Zip:** EASTPOINT, FL 32328**Title:** S ( ) Delete  
**Name:** RAFFIELD, LINDA  
**Address:** P.O. BOX 247  
**City-St-Zip:** APALACHICOLA, FL 32320**Title:** T ( ) Delete  
**Name:** JAMES, TAUNYA  
**Address:** P.O. BOX 247  
**City-St-Zip:** APALACHICOLA, FL 32320**Title:** V ( ) Delete  
**Name:** DALTON, BILLY  
**Address:** P.O. BOX 247  
**City-St-Zip:** APALACHICOLA, FL 32320**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** S (X) Change ( ) Addition  
**Name:** GREENE, CATHARINE  
**Address:** 141 21ST AVE.  
**City-St-Zip:** APALACHICOLA, FL 32320**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

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: CATHARINE R. GREENE

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09/11/2009

Electronic Signature of Signing Officer or Director

Date