


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000001651	
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1. Entity Name
FRANKLIN COUNTY LITERACY, INCORPORATED

Principal Place of Business #4 POINT MALL EASTPOINT, FL 32328	Mailing Address P O BOX 683 EASTPOINT, FL 32328
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DO NOT WRITE IN THIS SPACE



01212004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3384200	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SEGREE, BONNIE
#4 POINT MALL
EASTPOINT, FL 32328

**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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

000000042807
02/10/04-80040-006 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	PD MANSUY, KEN 115 CARL KING AVE LANARK VILLAGE, FL 32323
TITLE NAME STREET ADDRESS CITY ST ZIP	VD WHITEHEAD, KATHERINE 174 22 AVE APALACHICOLA, FL 32320
TITLE NAME STREET ADDRESS CITY ST ZIP	SD REVELL, BARBARA 2820 E HWY 98 CARRABELLE, FL 32322
TITLE NAME STREET ADDRESS CITY ST ZIP	D ADAMS, TOM 1440 ELM COURT ST GEORGE, FL 32328
TITLE NAME STREET ADDRESS CITY ST ZIP	D SISUNG, ELIZABETH 627 HWY 98 EASTPOINT, FL 32328
TITLE NAME STREET ADDRESS CITY ST ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 *Elizabeth Sisung*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850-620-8261
2/6/04