


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2005 08:00 AM
Secretary of State

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



01112005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3384200	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SEGREE, BONNIE
#4 POINT MALL
EASTPOINT, FL 32328

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

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	

000000211747
02/02/05-80132-007 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Elizabeth Sisung (850) 670-8261
Treasurer 2/1/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #