


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 08, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02000001651</b>	
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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01262006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

SEGREE, BONNIE  
 #4 POINT MALL  
 EASTPOINT, FL 32328

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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 \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

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

U000000425080  
 02/18/06-80080-006 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 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: *Elizabeth Sisung* Elizabeth Sisung, Treasurer 2/6/06 850-670-826  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #