


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2007 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 |
|---|---|



04022007 No Chg-NP CR2E037 (4/06)

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|---|--|
| 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. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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 827 HWY 98 EASTPOINT, FL 32328 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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04/10/07-80077-003 61.25

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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* Treasurer 4/2/07 850-670-8261

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #