


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90105 032 ****61.25

DOCUMENT # N02000001651 1. Entity Name FRANKLIN COUNTY LITERACY, INCORPORATED					
Principal Place of Business #4 POINT MALL EASTPOINT, FL 32328				Mailing Address PO BOX 683 EASTPOINT, FL 32328	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3384200	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SEGREE, BONNIE #4 POINT MALL EASTPOINT, FL 32328				Name Maxine Creamer Street Address (P.O. Box Number is Not Acceptable) #4 Point Mall Eastpoint City FL Zip Code 32328	
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 Maxine Creamer <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 4-22-08 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MANSUY, KEN		NAME		
STREET ADDRESS	115 CARL KING AVE		STREET ADDRESS		
CITY-ST-ZIP	LANARK VILLAGE, FL 32323		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHITEHEAD, KATHERINE		NAME		
STREET ADDRESS	174 22 AVE		STREET ADDRESS		
CITY-ST-ZIP	APALACHICOLA, FL 32320		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REVELL, BARBARA		NAME		
STREET ADDRESS	2820 E HWY 98		STREET ADDRESS		
CITY-ST-ZIP	CARRABELLE, FL 32322		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ADAMS, TOM		NAME		
STREET ADDRESS	1440 ELM COURT		STREET ADDRESS		
CITY-ST-ZIP	ST GEORGE, FL 32328		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SISUNG, ELIZABETH		NAME		
STREET ADDRESS	627 HWY 98		STREET ADDRESS		
CITY-ST-ZIP	EASTPOINT, FL 32328		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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.

Elizabeth Sisung
Elizabeth Sisung
Treasurer

4/17/08 850-620-8261