

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001651

FILED  
Apr 27, 2009  
Secretary of State

**Entity Name:** FRANKLIN COUNTY LITERACY, INCORPORATED

**Current Principal Place of Business:**

#4 POINT MALL  
EASTPOINT, FL 32328

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 683  
EASTPOINT, FL 32328

**New Mailing Address:**

**FEI Number:** 59-3384200

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CREAMER, MAXINE  
#4 POINT MALL  
EASTPOINT, FL 32328 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MANSUY, KEN  
Address: 115 CARL KING AVE  
City-St-Zip: LANARK VILLAGE, FL 32323

Title: VD ( ) Delete  
Name: WHITEHEAD, KATHERINE  
Address: 174 22 AVE  
City-St-Zip: APALACHICOLA, FL 32320

Title: SD ( ) Delete  
Name: REVELL, BARBARA  
Address: 2820 E HWY 98  
City-St-Zip: CARRABELLE, FL 32322

Title: D ( ) Delete  
Name: ADAMS, TOM  
Address: 1440 ELM COURT  
City-St-Zip: ST GEORGE, FL 32328

Title: D ( ) Delete  
Name: SISUNG, ELIZABETH  
Address: 627 HWY 98  
City-St-Zip: EASTPOINT, FL 32328

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIZABETH SISUNG

TR/D

04/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date