


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2008 8:00 am
Secretary of State

06-04-2008 90008 019 ****61.25

DOCUMENT # N02000005163

1. Entity Name
FRANKLIN'S PROMISE COALITION, INC.



Principal Place of Business *78-11th street* Mailing Address *78-11th street*
~~20 AVENUE E~~ APALACHICOLA, FL 32320 ~~20 AVENUE E~~ APALACHICOLA, FL 32320

DO NOT WRITE IN THIS SPACE



03052008 No Chg-NP CR2E037 (4/06)

4. FEI Number 30-0115977	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POWELL, CLARICE
250 SEVENTH STREET
APALACHICOLA, FL 32320

DO NOT WRITE 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 _____

Filing Fee is \$61.25
Due by May 1, 2008

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	C POWELL, CLARICE 250 SEVENTH STREET APALACHICOLA, FL 32320
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC BUCHLEITNER, ANDY 646 MAGNOLIA STREET ALLIGATOR POINT, FL 32346
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ADAIR, LYNDIA 400 12TH STREET <i>209 Sawyer Lane</i> APALACHICOLA, FL 32320
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MORON, MONICA 128 COTTAGE HILL ROAD APALACHICOLA, FL 32320
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: *Clarice Powell* Date: *5/1/08* (888) 653-3930

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