

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 20, 2009  
Secretary of State**

DOCUMENT# N02000005163

Entity Name: FRANKLIN'S PROMISE COALITION, INC.

**Current Principal Place of Business:**

78-11TH STREET  
APALACHICOLA, FL 32320

**New Principal Place of Business:**

**Current Mailing Address:**

78-11TH STREET  
APALACHICOLA, FL 32320

**New Mailing Address:**

FEI Number: 30-0115977      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

POWELL, CLARICE  
250 SEVENTH STREET  
APALACHICOLA, FL 32320      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: C      ( ) Delete  
Name: POWELL, CLARICE  
Address: 250 SEVENTH STREET  
City-St-Zip: APALACHICOLA, FL 32320

Title: VC      ( ) Delete  
Name: BUCHLEITNER, ANDY  
Address: 646 MAGNOLIA STREET  
City-St-Zip: ALLIGATOR POINT, FL 32346

Title: S      ( ) Delete  
Name: ADAIR, LYNDA  
Address: 209 SAWYER LANE  
City-St-Zip: APALACHICOLA, FL 32320

Title: T      ( ) Delete  
Name: MORON, MONICA  
Address: 128 COTTAGE HILL ROAD  
City-St-Zip: APALACHICOLA, FL 32320

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

Title: C      (X) Change ( ) Addition  
Name: BUCHLEITNER, ANDY  
Address: 646 MAGNOLIA STREET  
City-St-Zip: ALLIGATOR POINT, FL 32346

Title: VC      (X) Change ( ) Addition  
Name: SINK, JOHN  
Address: 112 LABRISAS WAY  
City-St-Zip: EASTPOINT, FL 32328

Title: S      (X) Change ( ) Addition  
Name: FLYN, DALE  
Address: 61 WEST GULF BEACH DRIVE  
City-St-Zip: ST. GEORGE ISLAND, FL 32328

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: ANDY BUCHLEITNER

C

01/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date