

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008152

FILED
Apr 11, 2009
Secretary of State

Entity Name: FRANKLIN NEEDS, INCORPORATED

Current Principal Place of Business:

55 SOUTH BAYSHORE DRIVE
EASTPOINT, FL 32328

New Principal Place of Business:

Current Mailing Address:

55 SOUTH BAYSHORE DRIVE
EASTPOINT, FL 32328

New Mailing Address:

FEI Number: 80-1049378

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOZLOWSKY, HENRY L
55 SOUTH BAYSHORE DRIVE
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: KOZLOWSKY, ELAINE
Address: 55 SOUTH BAYSHORE DRIVE
City-St-Zip: EASTPOINT, FL 32328

Title: DV () Delete
Name: DOSIK, JUNE
Address: 47 11TH ST
City-St-Zip: APALACHICOLA, FL 32320

Title: DS () Delete
Name: SICULIANO, ANN
Address: 1604 HAWTHORN LANE
City-St-Zip: ST GEORGE ISLAND, FL 32328

Title: DT () Delete
Name: DURRER, MARY ANN
Address: 199 N BAYSHORE DRIVE
City-St-Zip: EASTPOINT, FL 32328

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: DOSIK, JUNE
Address: 47 11TH ST
City-St-Zip: APALACHICOLA, FL 32320

Title: DVP (X) Change () Addition
Name: SICULIANO, ANN
Address: 1604 HAWTHORN LANE
City-St-Zip: ST GEORGE ISLAND, FL 32328

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

Title: DS () Change (X) Addition
Name: RATLIFF, GLYNDA
Address: 1536 SEASIDE DR
City-St-Zip: ST. GEOGE ISLAND, FL 32328

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: MARY ANN DURRER

T

04/11/2009

Electronic Signature of Signing Officer or Director

Date