

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000000009

FILED
Feb 23, 2010
Secretary of State

Entity Name: FRANKLIN COUNTY/THOMAS HOFFER CHARITABLE TRUST, INC.

Current Principal Place of Business:

3848 KILLEARN COURT
TALLAHASSEE, FL 32309

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 15494
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CROWELL, PETER F
3848 KILLEARN CT.
TALLAHASSEE, FL 32309 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: P,S
Name: HEALD, GARY
Address: 2424 WINTHROP ROAD
City-St-Zip: TALLAHASSEE, FL 32308

Title: VP,T
Name: CROWELL, PETER F
Address: 3848 KILLEARN CT
City-St-Zip: TALLAHASSEE, FL 32309

Title: B
Name: DYAL, ANDREW
Address: 60 OTTER LAKE RD
City-St-Zip: PANACEA, FL 32346

Title: B
Name: DYAL, DIANE
Address: 60 OTTER LAKE RD
City-St-Zip: PANACEA, FL 32346

I hereby 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 all other like empowered.

SIGNATURE: PETER F. CROWELL

VP,T

02/23/2010

Electronic Signature of Signing Officer or Director

Date