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May 17, 1999 8:00 am  
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N9800005663

1. Corporation Name  
Franklin Academy ✓

Principal Place of Business Mailing Address  
1101 Missionwood Lane  
Tallahassee FLA  
32304 ✓

2. Principal Place of Business 21 1101 Missionwood Ln Suite, Apt. #, etc. 22	2a. Mailing Address 26 1101 Missionwood Ln Suite, Apt. #, etc. 27	3. Date Incorporated or Qualified 10
23 City & State TALL FLA	28 City & State TALL FLA ✓	4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
24 Zip 32304	25 Country Leon	29 Zip 30 Country
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent  
Margaret Franklin  
1101 Missionwood Ln  
Tallahassee FLA  
32304

10. Name and Address of New Registered Agent  
81 Name Margaret Franklin  
82 Street Address (P.O. Box Number is Not Acceptable)  
1101 Missionwood Ln  
83  
84 City Tallahassee FL 85 Zip Code 32304

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  
SIGNATURE Margaret Franklin DATE 4-30-99  
Signature, typed or printed name of registrant, agent and new agent, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE D	MARGARET Franklin <input type="checkbox"/> DELETE President 1101 Missionwood Ln TALL FLA 32304
TITLE	Anthony Dobbins <input type="checkbox"/> DELETE 1209 Bennett St TALL FLA 32304
TITLE	Myrna Martin <input type="checkbox"/> DELETE Mission Hills Apt 105 TALL FLA 32304 Secretary
TITLE D	Barbara Rollins <input type="checkbox"/> DELETE 730 Rollins St TALL FLA 32304 2nd Vice President
TITLE D	Glenn Wisler <input type="checkbox"/> DELETE P.O. Box 205 Midway FLA 32127 Assistant Secretary
TITLE	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Margaret Franklin DATE 4-30-99 DAYTIME PHONE # 850-5254822

CR2E037 (11/98)