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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS FILED May 17, 1999 8:00 am Secretary of State 05-17-1999 90009 030 ****61.25

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1999

DOCUMENT # N98 00000560 1. Corporation Name FRANKLIN ACAdemy	63			
Principal Place of Business 1101 Mission word Lane TACLAGASSEE FIA 32304				
2. Principal Place of Business 2a. Mailing Address 1 /1 0 1 m, SS. Carces and Ca. 26 1101 m, SS. Carces	newal by	Date Incorporated or Qualifed		
Suite, Apt. #, etc. Suite, Apt. #, etc.		4. FEI Number	1	pplied For
27				Not Applicable
City & State City & State City & State 28	V	5. Certifcate of Status Desired		Additional Required
Zip Country Zip	Country	6. Election Campaign Financing	\$5.00	May Be
32304 25 Leon 29 30	7	Trust Fund Contribution	1 1	d to Fees
9. Name and Address of Current Registered Agent		10. Name and Address of New R	egistered Agent	
MAGARET Franklin	81 Name	1 Aggref Fr.	Anklin	
1101 mission wood in	82 Street Addre	ss (P.O. Box Number is Not Acceptal		
TALLAHASSEE FLA	83			
32304	84 City	111 Abassee	FL 85 Zig	Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes,	the above-named corpo	ration submits this statement for the	ourpose of changing i	ts registered
office or registered agent, or both, in the State of Florida. Such change was author	orized by the corporation	n's board of directors. I hereby accept	the appointment as i	registered
agent I am familiar with, and accept the obligations of, Section 617.0503, Monda	Statutes.			ì
office or registered agent, or both, in the State of Florida. Such change was auth agent. I am familiar with, and accept the obligations of, Section 617.0503, Morida SICMATURE	Statutes.	•	4-30-59	
SIGNATURE Signature. Need or printed rifme of registered agent and auto-organization. (NOTE: Reg	gustered Agent signature required	when reinstating)	7-80->7 DATE	
SIGNATURE Signature. Need or printed in me of registered: agent and with the policable. [NOTE: Ref 12. OFFICERS AND DIRECTORS	gustered Agent signature required		DATE	ORS IN 12
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14. 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

4-30-79

850-575482