

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000005663

1. Entity Name
FRANKLIN ACADEMY, INC.



FILED
07 APR 30 AM 10: 02
REPUBLIC OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1800 CAPITAL CIR NE UNIT A TALLAHASSEE, FL 32308	Mailing Address 1800 CAPITAL CIR NE UNIT A TALLAHASSEE, FL 32308
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03222007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3448182

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRANKLIN, MARGARET
1101 MISSIONWOOD LN.
TALLAHASSEE, FL 32304

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CEO	<input type="checkbox"/> Delete
NAME	FRANKLIN, MARGARET	
STREET ADDRESS	1101 MISSIONWOOD LN.	
CITY-ST-ZIP	TALLAHASSEE, FL 32304	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	FRANKLIN, GALLOP	
STREET ADDRESS	1800 CAPITAL CIRCLE N.E.-C	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANKLIN, MARGARET	
STREET ADDRESS	1101 MISSIONWOOD LN	
CITY-ST-ZIP	TALLAHASSEE, FL 32304	

TITLE	VP	<input type="checkbox"/> Delete
NAME	FRANKLIN, HETTIE	
STREET ADDRESS	13620 MICCOSUKEE ROAD	
CITY-ST-ZIP	TALLAHASSEE, FL 32309	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Margaret D. Franklin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-07

Date

671-4826

Daytime Phone #

850
688 84-9275