

**NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

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DOCUMENT # NA8000005663  
1. Entity Name  
Franklin Academy  
Incorporation

**FILED**  
10 APR 30 AM 9:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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800180064968  
05/03/10--01016--007 \*\*122.50

2. Principal Place of Business - No P.O. Box #  
615 Tuskegee St  
Suite, Apt. #, etc.

3. Mailing Address  
1101 Missionwood Ln  
Suite, Apt. #, etc.

CR2E037B (11/08)

City & State <u>Tallahassee FLA</u>		City & State <u>Tallahassee FLA</u>		4. FEI Number <u>59-3448182</u>	Applied For <input type="checkbox"/>
Zip <u>32305</u>	Country <u>Leon</u>	Zip <u>32304</u>	Country <u>Leon</u>	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent  
Name  
Margaret Franklin  
Street Address (P.O. Box Number is Not Acceptable)  
1101 Missionwood Ln  
City  
Tallahassee FL Zip Code  
32304

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 Margaret Franklin DATE 4-30-2010  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FEE IS \$61.25</b> Initial or Amended AR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President Margaret Franklin 1101 Missionwood Lane Tallahassee Florida 32304</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Director Gailop Franklin 1101 Missionwood Ln Tallahassee Florida 32304</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Director Zoe Allen Bennett 1225 Central Street Tallahassee FL 32303</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>ASU</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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**RECEIVED**  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2010 APR 30 PM 4:19  
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TALLAHASSEE  
SUFFICIENT FOR FILING

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 on an attachment with an address, with all other like empowered

SIGNATURE: Margaret Franklin DATE: 4-30-2010 DAYTIME PHONE: 322-2860  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #