

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V55213

FILED
Jan 26, 2009
Secretary of State

Entity Name: FRANKLIN COUNTY CHRONICLE, INC.

Current Principal Place of Business:

33 BEGONIA ST
EASTPOINT, FL 32328

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 15494
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: 59-3137666

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEALD, GARY R
2424 WINTHROP ROAD
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

CROWELL, PETER F
3848 KILLEARN COURT
TALLAHASSEE, FL 32309 US

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: PETER F. CROWELL

01/26/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CBOD () Delete
Name: HEALD, GARY
Address: 2424 WINTHROP ROAD
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: CROWELL, PETER F
Address: 3848 KILLEARN COURT
City-St-Zip: TALLAHASSEE, FL 32309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HEALD, GARY
Address: 2424 WINTHROP ROAD
City-St-Zip: TALLAHASSEE, FL 32312

Title: CBOD (X) Change () Addition
Name: CROWELL, PETER F
Address: 3848 KILLEARN COURT
City-St-Zip: TALLAHASSEE, FL 32309

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER F. CROWELL

CBOD

01/26/2009

Electronic Signature of Signing Officer or Director

Date