

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000006684

**Entity Name:** LAVERNE C. FRANKLIN AND LORENDA FAMBRO GORDON  
COMMUNITY SERVICE SCHOLARSHIP, INC

**FILED**  
**Apr 15, 2016**  
**Secretary of State**  
**CC0551738423**

**Current Principal Place of Business:**

1001 ARBOR LAKE DR.  
TP 606  
NAPLES, FL 34110

**Current Mailing Address:**

1001 ARBOR LAKE DR.  
TP 606  
NAPLES, FL 34110 US

**FEI Number: 20-8974786**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

FRANKLIN, LAVERNE CMRS.  
1001 ARBOR LAKE DR.  
TP 606  
NAPLES, FL 34110 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	DIR
Name	FRANKLIN, LAVERNE C
Address	1001 ARBOR LAKE DR. TP 606
City-State-Zip:	NAPLES FL 34110
Title	DIR
Name	GADDY-SEESAY , MONICA MRS
Address	225 VIA PERIGNON
City-State-Zip:	NAPLES FL 34119

Title	DIR
Name	WRIGHT , ROZLAYNE PHD
Address	3020 PONCE DELEON WAY SOUTH
City-State-Zip:	ST. PETERSBURG FL 33712
Title	DIR
Name	THOMAS, FRED N
Address	1205 ORCHID AVE.
City-State-Zip:	IMMOKALEE FL 34142

*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: LAVERNE C. FRANKLIN**

**DIRECTOR**

**04/15/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date