

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000367

FILED
Feb 19, 2009
Secretary of State

Entity Name: FIFTH CIRCUIT PUBLIC GUARDIAN CORPORATION

Current Principal Place of Business:

500 NE 8TH AVENUE
OCALA, FL 34470

New Principal Place of Business:

Current Mailing Address:

500 NE 8TH AVENUE
OCALA, FL 34470

New Mailing Address:

FEI Number: 59-3706138

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ACKERMAN, CATHERINE F
500 NE 8TH AVENUE
OCALA, FL 34470 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ACKERMAN, CATHERINE F ESQ
Address: 500 NE 8TH AVE
City-St-Zip: Ocala, FL 34470

Title: VD () Delete
Name: KELLUM, LADONNA
Address: PO BOX 6000
City-St-Zip: Ocala, FL 34478

Title: STD () Delete
Name: DURIS, COLLEEN
Address: 500 NE 8TH AVENUE
City-St-Zip: Ocala, FL 34470

Title: D () Delete
Name: MOXLEY, JOHN
Address: 2320 NE 2ND ST, #4
City-St-Zip: Ocala, FL 34470

Title: D () Delete
Name: LUMPKIN, PATTI MAJ
Address: P.O BOX 1987
City-St-Zip: Ocala, FL 34474

Title: D () Delete
Name: STEDDOM, MARY
Address: 210 SE 15TH AVENUE
City-St-Zip: Ocala, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: CATHERINE F ACKERMAN

PD

02/19/2009

Electronic Signature of Signing Officer or Director

Date