

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90027 038 ****61.25

DOCUMENT # N03000000947



1. Entity Name

OFFICE OF PUBLIC GUARDIAN, INC.

Principal Place of Business: 1923B CAPITAL CIRCLE NE TALLAHASSEE FL 32308
 Mailing Address: 1923B CAPITAL CIRCLE NE TALLAHASSEE FL 32308

J4011100



MOORE CR2E037 (11/03)

2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country
 3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

4. FEI Number: 161652866 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
 CAMPBELL, KAREN P
 1923B CAPITAL CIRCLE NE
 TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent
 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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		
TITLE: PD	GILLISPIE, KAREN	<input type="checkbox"/> Delete
STREET ADDRESS: 8600 CHATHAM COURT	TALLAHASSEE FL 32311	
TITLE: SD	DUNN, PATRICIA C	<input type="checkbox"/> Delete
STREET ADDRESS: 155 RIVER SINK ROAD	CRAWFORDVILLE FL 32327	
TITLE: D	HARRISON, NANCY	<input type="checkbox"/> Delete
STREET ADDRESS: 1944 RAYMOND TUCKER ROAD	TALLAHASSEE FL 32311	
TITLE: _____	_____	<input type="checkbox"/> Delete
TITLE: _____	_____	<input type="checkbox"/> Delete
TITLE: _____	_____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE: President	Nancy Harrison	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1555 Delaney Drive #1905	Tallahassee, Florida 32309	
TITLE: Director	Karen Gillispie	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 8600 Chatham Court	Tallahassee, Florida 32311	
TITLE: Director Sec./Treas.	Pat Dunn	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 155 River Sink Road	Crawfordville, Florida 32327	
TITLE: Director	Jana McConnaughay	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: PO Box 229	Tallahassee, Florida 32302-0229	
TITLE: Director	Bruce Harter	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 1109 Winifred Drive	Tallahassee, Florida 32308	
TITLE: _____	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SECRETARY-TREASURER Date: _____ Daytime Phone #: 850-487-4609