2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000947

Entity Name: OFFICE OF PUBLIC GUARDIAN, INC.

FILED Mar 22, 2005 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:			
1923B CAPITAL CIRCLE NE TALLAHASSEE, FL 32308				2292 WEDNESDAY STREET			
				1 TALLAHASSEE, FL 32308			
Current Mailing Address:				New Mailing Address:			
1923B CAPITAL CIRCLE NE TALLAHASSEE, FL 32308				2292 WEDNESDAY STREET			
				1 TALLAHASSEE, FL 32308			
FEI Number:	: 16-1652866	FEI Number Applied For ()	FEI Num	nber Not Appl	icable ()	Certificate of Status Desired (()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
CAMPBELL, KAREN P 1923B CAPITAL CIRCLE NE TALLAHASSEE, FL 32308 US				CAMPBELL, KAREN P 2292 WEDNESDAY STREET 1 TALLAHASSEE, FL 32308 US			
	named entity e of Florida.	submits this statement for the p	ourpose of	f changing i	ts registered	office or registered agent, or	both,
SIGNATURE:				03/22/2005			
	Electror	nic Signature of Registered Age	ent			Date	
OFFICERS AND DIRECTORS:				ADDITION	IS/CHANGES	TO OFFICERS AND DIRE	CTORS
Title: Name: Address: City-St-Zip:	D (GILLISPIE, KA 8600 CHATHAN TALLAHASSEE	/I COURT		Title: Name: Address: City-St-Zip:	MILLER, JANA	TON GREEN CIR D	
Title: Name: Address: City-St-Zip:	DUNN, PATRIC 155 RIVER SIN			Title: Name: Address: City-St-Zip:	ST (X DUNN, PATRIC PO BOX 56 ST. FRANCIS,		
Title: Name: Address: City-St-Zip:	HARRISON, NA	7 DRIVE #1905		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MCCONNAUGH PO BOX 229) Delete HAY, JANA ;, FL 323020229		Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	D (HARTER, BRUG 1109 WINIFRE TALLAHASSEF	D DRIVE		Title: Name: Address: City-St-Zin:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KAREN P. CAMPBELL EXD 03/22/2005