

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2006
Secretary of State

DOCUMENT# N03000000947

Entity Name: OFFICE OF PUBLIC GUARDIAN, INC.

Current Principal Place of Business:

2292 WEDNESDAY STREET
1
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

2292 WEDNESDAY STREET
1
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 16-1652866 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPBELL, KAREN P
2292 WEDNESDAY STREET
1
TALLAHASSEE, FL 32308 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: D () Delete
Name: MILLER, JANA
Address: 2851 REMINGTON GREEN CIR D
City-St-Zip: TALLAHASSEE, FL 32308

Title: ST () Delete
Name: DUNN, PATRICIA C
Address: PO BOX 56
City-St-Zip: ST. FRANCIS, KY 40062

Title: P () Delete
Name: HARRISON, NANCY
Address: 1555 DELANEY DRIVE #1905
City-St-Zip: TALLAHASSEE, FL 32309

Title: D () Delete
Name: MCCONNAUGHAY, JANA
Address: PO BOX 229
City-St-Zip: TALLAHASSEE, FL 323020229

Title: D () Delete
Name: HARTER, BRUCE
Address: 1109 WINIFRED DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MILLER, JANA
Address: 2036 WHITE ASH WAY
City-St-Zip: TALLAHASSEE, FL 32308

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

Title: P (X) Change () Addition
Name: HARRISON, NANCY
Address: 2733 BALDWIN DRIVE S
City-St-Zip: TALLAHASSEE, FL 32309

Title: D (X) Change () Addition
Name: MCCONNAUGHAY, JANA
Address: 1709 HERMITAGE BLVD
City-St-Zip: TALLAHASSEE, FL 32308

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

I hereby certify that the information supplied with this filing does not qualify for the 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: KAREN P. CAMPBELL

Electronic Signature of Signing Officer or Director

DIR.

01/03/2006

Date