


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2007 8:00 am
Secretary of State

07-11-2007 90078 014 ****61.25

DOCUMENT # N03000000947					
1. Entity Name OFFICE OF PUBLIC GUARDIAN, INC.					
Principal Place of Business 2292 WEDNESDAY STREET 1 TALLAHASSEE, FL 32308		Mailing Address 2292 WEDNESDAY STREET 1 TALLAHASSEE, FL 32308			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 16-1652866	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CAMPBELL, KAREN P. 2292 WEDNESDAY STREET 1 TALLAHASSEE, FL 32308			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 _____					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, JANA		NAME	McConaughay, Jana	
STREET ADDRESS	2036 WHITE ASH WAY		STREET ADDRESS	1709 Hermitage Blvd	
CITY-ST-ZIP	TALLAHASSEE, FL 32308		CITY-ST-ZIP	Tallahassee FL 32308	
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE	member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUNN, PATRICIA C		NAME	Roy Raker	
STREET ADDRESS	PO BOX 56		STREET ADDRESS	PO Box 1297	
CITY-ST-ZIP	ST. FRANCIS, KY 40062		CITY-ST-ZIP	Havana FL 32333	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	Secretary/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRISON, NANCY		NAME	Miller, Jana	
STREET ADDRESS	2733 BALDWIN DRIVE S		STREET ADDRESS	2036 White Ash Way	
CITY-ST-ZIP	TALLAHASSEE, FL 32309		CITY-ST-ZIP	Tallahassee FL 32308	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCONNAUGHAY, JANA		NAME	Shelby Blank	
STREET ADDRESS	1709 HERMITAGE BLVD		STREET ADDRESS	1405 Centerville Rd, Ste 4400	
CITY-ST-ZIP	TALLAHASSEE, FL 32308		CITY-ST-ZIP	Tallahassee FL 32308	
TITLE	D	<input type="checkbox"/> Delete	TITLE	member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARTER, BRUCE		NAME	Will Merrick	
STREET ADDRESS	1109 WINIFRED DRIVE		STREET ADDRESS	3466 Zillah St	
CITY-ST-ZIP	TALLAHASSEE, FL 32308		CITY-ST-ZIP	Tallahassee FL 32305	
TITLE		<input type="checkbox"/> Delete	TITLE	Joe Jarrett	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS	101 N MONROE ST STE 150	
CITY-ST-ZIP			CITY-ST-ZIP	TALLAHASSEE FL 32301	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Karen Campbell</i> Karen Campbell		Date: 7-10-07		Daytime Phone #: 850 487 4609	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

ATTACHMENT 40124387

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Attachment to 2007 Not for Profit Corporation Annual Report for Office of Public Guardian, Inc.

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Clarissa Dunlap additon
PO Box 10209
Tallahassee, FL 32302

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Linda Nelson addition
1377 Cross Creek Circle
Tallahassee, FL 32301