

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000947

FILED
Jan 19, 2009
Secretary of State

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: P () Delete
Name: MCCONNAUGHAY, JANA
Address: 1709 HERMITAGE BLVD
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: RAKER, ROY
Address: P.O. BOX 1297
City-St-Zip: HAVANA, FL 32333

Title: ST () Delete
Name: MILLER, JANA
Address: 2036 WHITE ASH WAY
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: BRANK, SHELBY
Address: 1405 CENTERVILLE RD STE 4400
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: MERRICK, WIL
Address: 3466 ZILLAH ST
City-St-Zip: TALLAHASSEE, FL 32305

Title: D () Delete
Name: JARRETT, JOEL
Address: 101 N. MONROE ST STE150
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: MEYER, KAY
Address: 930 THOMASVILLE ROAD #102
City-St-Zip: TALLAHASSEE, FL 32302

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
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: KAREN P. CAMPBELL

EXEC

01/19/2009

Electronic Signature of Signing Officer or Director

_____ Date