

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000367

Entity Name: FIFTH CIRCUIT PUBLIC GUARDIAN CORPORATION**Current Principal Place of Business:**2119 SE 14TH LANE
OCALA, FL 34471**Current Mailing Address:**PO BOX 4985
OCALA, FL 34478 US**FEI Number:** 59-3706138**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ACKERMAN, CATHERINE F
2119 SE 14TH LANE
OCALA, FL 34471 US*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

Officer/Director Detail :

Title CEO
Name ACKERMAN, CATHERINE F ESQ.
Address PO BOX 4985
City-State-Zip: Ocala FL 34478

Title PRESIDENT, DIRECTOR
Name MOXLEY, JOHN ESQ.
Address 3933 SE 13TH STREET
City-State-Zip: Ocala FL 34471

Title DIRECTOR, TREASURER
Name LUMPKIN, PATTI MAJ
Address P.O BOX 1987
City-State-Zip: Ocala FL 34474

Title DIRECTOR
Name WALKER, ALICIA CAPTIAN
Address MCSO.
692 NW 30TH AVE.
City-State-Zip: Ocala FL 34470

Title DIRECTOR
Name BLAIR, CHRIS SHERIFF
Address 692 NW 30TH AVENUE
City-State-Zip: Ocala FL 34475

Title DIRECTOR
Name LOSSADA, MERY MD
Address HOSPICE OF MARION COUNTY
3231 SW 34TH AVE.
City-State-Zip: Ocala FL 34474

Title DIRECTOR
Name SIEMER, ROBERT SGT.
Address SUMTER COUNTY SHERIFF'S OFFICE
8033 E C-466
City-State-Zip: Lady Lake FL 32159

Title DIRECTOR
Name BAKER, M. THERESA ESQ.
Address 628 SE 17TH STREET
City-State-Zip: Ocala FL 34471

I hereby 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 all other like empowered.

SIGNATURE: CATHERINE F. ACKERMAN

CEO

02/04/2016

Electronic Signature of Signing Officer/Director Detail

Date