

**2021 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  
Name LOSSADA, MERY MD  
Address HOSPICE OF MARION COUNTY  
3231 SW 34TH AVE.  
City-State-Zip: Ocala FL 34474

Title DIRECTOR  
Name SCHULTE, KIMBERLY A  
Address 127 NORTH 7TH STREET  
City-State-Zip: LEESBURG FL 34748

Title DIRECTOR  
Name RITTER, AMANDA  
Address P. O. BOX 895159  
City-State-Zip: LEESBURG FL 34789

Title DIRECTOR  
Name LEVAY, BOBBY SGT.  
Address MARION COUNTY SHERIFF'S  
DEPARTMENT  
P.O. BOX 1987  
City-State-Zip: Ocala FL 34478

*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

01/11/2021

Electronic Signature of Signing Officer/Director Detail

Date