

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000000947

**FILED**  
**Jan 10, 2017**  
**Secretary of State**  
**CC4597680991**

**Entity Name:** NORTH FLORIDA OFFICE OF PUBLIC GUARDIAN, INC.

**Current Principal Place of Business:**

1425 EAST PIEDMONT DRIVE  
SUITE 201-B  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

1425 EAST PIEDMONT DRIVE  
SUITE 201-B  
TALLAHASSEE, FL 32308 US

**FEI Number:** 16-1652866

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

CAMPBELL, KAREN P  
1425 EAST PIEDMONT DRIVE  
SUITE 201-B  
TALLAHASSEE, FL 32308 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           TREASURER  
Name           RICHARDSON, MARIO  
Address        110 MIDDLE CREEK RD  
City-State-Zip: QUINCY FL 32351

Title           DIRECTOR  
Name           LAM, SUE  
Address        1125 NORTH ADAMS STREET  
City-State-Zip: TALLAHASSEE FL 32303

Title           DIRECTOR  
Name           HAMPSHIRE, GLENIQUE  
Address        1914 WELCH STREET  
City-State-Zip: TALLAHASSEE FL 32310

Title           DIRECTOR  
Name           KENDRON, JOHN J  
Address        582 W DUVAL STREET  
City-State-Zip: LAKE CITY FL 32055

Title           DIRECTOR  
Name           FARRINGTON, DEIRDRE  
Address        P O BOX 392  
City-State-Zip: CRAWFORDVILLE FL 32326

Title           DIRECTOR  
Name           MILLER, KIMBERLY  
Address        7545 WILDER AVENUE  
City-State-Zip: JACKSONVILLE FL 32208

Title           DIRECTOR  
Name           GRAHAM, JANET  
Address        1400 VILLAGE SQUARE BLVD  
                  3-154  
City-State-Zip: TALLAHASSEE FL 32312

Title           CHAIRMAN  
Name           SKETCHLEY, TWYLA  
Address        3689 COOLIDGE COURT, #8  
City-State-Zip: TALLAHASSEE FL 32311

**Continues on page 2**

*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:** KAREN P. CAMPBELL

**EXECUTIVE DIRECTOR**

**01/10/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title SECRETARY  
Name HAYTHORN, HILLARY  
Address 536 CLAREMONT COURT  
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR  
Name THOMAS, ESQ., FELICIA S  
Address 2712 SUMMER MEADOW DR.  
City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR  
Name EHRHARDT, JD CBC, AUDREY  
Address 1400 VILLAGE SQUARE BOULEVARD  
SUITE 3-221  
City-State-Zip: TALLAHASSEE FL 32312