

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000000947

**FILED**  
**Jan 17, 2018**  
**Secretary of State**  
**CC2601394509**

**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 DIRECTOR  
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 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

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

**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:** TWYLA SKETCHLEY

**BOARD CHAIR**

**01/17/2018**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

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

Title DIRECTOR  
Name WACHOB, MARY  
Address CAPITOL CITY BANK  
City-State-Zip: TALLAHASSEE FL 32304