

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000000947

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

**Current Principal Place of Business:**

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

**FILED**  
**Feb 08, 2021**  
**Secretary of State**  
**7020578931CC**

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

Title           SECRETARY  
Name           DEWAR, BETTY  
Address        2359 FOXBORO WAY  
City-State-Zip: TALLAHASSEE FL 32309

Title           DIRECTOR  
Name           MARSHALL, BRIDGITTE  
Address        2918 ALEXIS LANE  
City-State-Zip: TALLAHASSEE FL 32308

Title           DIRECTOR  
Name           MCCLOUD, BASHONDA DNP, ARPN-  
                  C, MSN  
Address        1657 SPRINGWOOD DRIVE  
City-State-Zip: TALLAHASSEE FL 32308

*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: JANET GRAHAM**

**BOARD CHAIR**

**02/08/2021**

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

\_\_\_\_\_  
Date