2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State
02-03-2006 90013 003 ****70.00

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1. Entity Name
FIFTH CIRCUIT PUBLIC GUARDIAN CORPORATION

Principal Place of Business	Mailing Address
500 NE 8TH AVENUE OCALA, FL 34470	500 NE 8TH AVENUE OCALA, FL 34470

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01242006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-3706138 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ACKERMAN, CATHERINE F 500 NE 8TH AVENUE OCALA, FL 34470	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ACKERMAN, CATHERINE F ESQ. 500 NE 8TH AVENUE OCALA, FL 34470	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TSD COLLEEN DURIS 500 NE 8TH AVENUE OCALA, FL 34470	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TSD STEDDOM, MARY 210 SE 15TH AVENUE OCALA, FL 34471	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STEDDOM, MARY 210 SE 15th AVENUE OCALA, FL 34471	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD KELLUM, LADONNA POST OFFICE BOX 6000 OCALA, FL 34478	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRISTOW, BASIL 75 SE 123RD STREET OCALA, FL 34480	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHUMAN, GLENN A 222 SW BROADWAY OCALA, FL 34474	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEAN, ED SHERIFF P.O. BOX 1987 OCALA, FL 34474	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOXLEY, JOHN 2320 NE 2ND STREET, SUITE 4 OCALA, FL 34470	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LATSON, MARYA 10411 SE 25TH AVENUE OCALA, FL 34480	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LUMPKIN, PATTI MAJ P.O BOX 1987 OCALA, FL 34474	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Catherine F. Ackerman 2/1/06 352-629-8800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #