

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jun 12, 2008  
Secretary of State**

DOCUMENT# N01000000367

Entity Name: FIFTH CIRCUIT PUBLIC GUARDIAN CORPORATION

**Current Principal Place of Business:**

500 NE 8TH AVENUE  
OCALA, FL 34470

**New Principal Place of Business:**

**Current Mailing Address:**

500 NE 8TH AVENUE  
OCALA, FL 34470

**New Mailing Address:**

FEI Number: 59-3706138      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

ACKERMAN, CATHERINE F  
500 NE 8TH AVENUE  
OCALA, FL 34470      US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: ACKERMAN, CATHERINE F ESQ  
Address: 500 NE 8TH AVE  
City-St-Zip: Ocala, FL 34470

Title: VD      ( ) Delete  
Name: KELLUM, LADONNA  
Address: PO BOX 6000  
City-St-Zip: Ocala, FL 34478

Title: STD      ( ) Delete  
Name: DURIS, COLLEEN  
Address: 500 NE 8TH AVENUE  
City-St-Zip: Ocala, FL 34470

Title: D      ( ) Delete  
Name: LATSON, MARYA  
Address: 10411 SE 25TH AVE  
City-St-Zip: Ocala, FL 34480

Title: D      ( ) Delete  
Name: LUMPKIN, PATTI MAJ  
Address: P.O BOX 1987  
City-St-Zip: Ocala, FL 34474

Title: D      ( ) Delete  
Name: STEDDOM, MARY  
Address: 210 SE 15TH AVENUE  
City-St-Zip: Ocala, FL 34471

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      (X) Change ( ) Addition  
Name: MOXLEY, JOHN  
Address: 2320 NE 2ND ST, #4  
City-St-Zip: Ocala, FL 34470

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CATHERINE F. ACKERMAN

PD

06/12/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date