


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000012795		
1. Entity Name FOUNDATION FOR INDIGENT GUARDIANSHIP, INC.		
Principal Place of Business 4040 ESPLANADE WAY SUITE 315M TALLAHASSEE, FL 32399-7000		Mailing Address 4040 ESPLANADE WAY SUITE 315M TALLAHASSEE, FL 32399-7000
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent MORGAN, RONALD B 4040 ESPLANADE WAY SUITE 315M TALLAHASSEE, FL 32399-7000		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORGAN, RONALD B POST OFFICE BOX 540998 MERRITT ISLAND, FL 32954	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOJE, DEBRA L ESQ. 401 EAST JACKSON STREET #2700 TAMPA, FL 33602	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWELLS, STEVEN L 2671 EXECUTIVE CENTER CIRCLE WEST #100 TALLAHASSEE, FL 323015092	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZAMORA, ENRIQUE ESQ. 3006 AVIATION AVENUE #4C COCONUT GROVE, FL 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARLISLE, DAVID R ESQ. ONE SE THIRD AVENUE 28TH FLOOR MIAMI, FL 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POPLE, RANDOLPH M POST OFFICE BOX 1549 TALLAHASSEE, FL 323023248	
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: <u>Ronald B. Morgan, RONALD B. MORGAN, PRES.</u>		2-15-07 321-720-3220
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>



02142007 No Chg-NP CR2E037 (4/06)

4. FEI Number 02-0763591	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

U00000642102
03/01/07-80029-002 61.25

**DO NOT WRITE
IN THIS SPACE**