FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 719503 (5)

1. Corporation Name

PLANNED PARENTHOOD OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
1104 MARTIN L KING JR AVE. P. O. BOX 1482 LKLD 33802-1482 LAKELAND FL 33805	1104 MARTIN L KING JR AVE. P. O. BOX 1482 LKLD 33802-1482 LAKELAND FL 33805

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/12/1970
4a. Date of Last Report: 08/14/1994
4. FEI Number: 59-1304857 — Applied For / Not Applicable

2. Principal Place of Business: 21	2a. Mailing Address: 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CUTHBERTSON, BARBARA J. 6715 TAYLOR RD. LAKELAND FL 33811	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	1.1 TITLE ☐ Change ☐ Addition
NAME	MYERS, DIXIE T.	1.2 NAME
STREET ADDRESS	550 LAKE OTIS DR.	1.3 STREET ADDRESS
CITY-ST-ZIP	WINTER HAVEN FL	1.4 CITY-ST-ZIP
TITLE	TD	2.1 TITLE ☐ Change ☐ Addition
NAME	STEED, NELL B.	2.2 NAME
STREET ADDRESS	689 LAKE HOWARD DR., NW., #1-E	2.3 STREET ADDRESS
CITY-ST-ZIP	WINTER HAVEN FL	2.4 CITY-ST-ZIP
TITLE	VD	3.1 TITLE ☐ Change ☐ Addition
NAME	HARRISON, LOIS C.	3.2 NAME
STREET ADDRESS	2311 NEVADA AVENUE	3.3 STREET ADDRESS
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP
TITLE	SD	4.1 TITLE ☐ Change ☐ Addition
NAME	HOWELL, RAE P.	4.2 NAME
STREET ADDRESS	1549 DREXEL AVE., N.E.	4.3 STREET ADDRESS
CITY-ST-ZIP	WINTER HAVEN FL	4.4 CITY-ST-ZIP
TITLE		5.1 TITLE ☐ Change ☐ Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE		6.1 TITLE ☐ Change ☐ Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Nell Steed
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0057018