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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 14 AM 9:25

DOCUMENT # 751600 (8)

1. Corporation Name

PLANNED PARENTHOOD OF SOUTH PALM BEACH AND BROWA RD COUNTIES, INC.

Principal Place of Business	Mailing Address
455 NW 35TH STREET BOCA RATON FL 33431	455 NW 35TH STREET BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/19/1980
3a. Date of Last Report: 05/13/1994
4. FEI Number: 59-1989443 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

NEASE, MARIAN ESQ
899 E. JEFFREY ST.
STE. #707
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PRESIDENT/DIRECTOR	☒ Change ☐ Addition
NAME	OLSON, KAREN	12 NAME	Richard, Janet Malley	
STREET ADDRESS	6465 POND APPIE RD.	13 STREET ADDRESS	2501 MERCEDES Drive	
CITY-ST-ZIP	BOCA RATON FL	14 CITY-ST-ZIP	Ft. Laud, FL 33316	
TITLE	VD	21 TITLE		☒ Change ☐ Addition
NAME	NEESE, MARIAN P ESQ.	22 NAME	NEASE	
STREET ADDRESS	899 E JEFFREY STREET #707	23 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	24 CITY-ST-ZIP		
TITLE	TD	31 TITLE	Treasurer/Director	☒ Change ☐ Addition
NAME	BROUSSARD, ARNOLD A	32 NAME		
STREET ADDRESS	6734 BRIDLEWOOD COURT	33 STREET ADDRESS	Vacant	
CITY-ST-ZIP	BOCA RATON FL	34 CITY-ST-ZIP		
TITLE	SD	41 TITLE		☐ Change ☐ Addition
NAME	JOSEPH, LA WANDA	42 NAME		
STREET ADDRESS	2121 W. OAKLAND PARK BLVD., #125	43 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(i), 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: Janet Malley Richard 6/8/95 (407) 394-3540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0040361