


FILED
Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90083 020 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 845293

1. Corporation Name
PLANNED PARENTHOOD FEDERATION OF AMERICA, INC.

Principal Place of Business 810 SEVENTH AVENUE NEW YORK NY 10019	Mailing Address 810 SEVENTH AVENUE NEW YORK NY 10019
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/20/1980
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 13-1644147
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

8. Name and Address of Current Registered Agent PLANNED PARENTHOOD OF NORTHEAST FLA. INC. 603 N MARKET ST JACKSONVILLE FL 32202		10. Name and Address of New Registered Agent 81 Name <i>Corporation Service Company</i> 82 Street Address (P.O. Box Number is Not Acceptable) <i>1201 Hays Street</i> 83 84 City <i>Tallahassee</i> FL 85 Zip Code <i>32301</i>	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Corporation Service Company Margaret A. Pika Asst. Secretary* DATE *5/7/99*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FVCD OFFNER, ELLEN 870 SEVENTH AVENUE NEW YORK NY 10019 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	VC Alfredo Vigil, M.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROMO, JOHN 810 SEVENTH AVENUE NEW YORK NY 10019 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Alfred Poindexter III, M.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, BETTY LOU 810 SEVENTH AVENUE NEW YORK NY 10019 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Sharon W. Allison <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC ALLISON, SHARON 810 SEVENTH AVENUE NEW YORK NY 10019 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Mary Shallenberger <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SINGHAUS, BARBARA 810 SEVENTH AVENUE NEW YORK NY 10019 <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUDGE, NANCY A. 810 SEVENTH AVE NEW YORK NY 10019 <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	Cindy Ashley <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing 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, on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: *3/18/99* (212) 574-1780



CR2037 (11/98)