


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2004 8:00 am
Secretary of State

05-17-2004 90020 046 ****61.25

DOCUMENT # 845293					
1. Entity Name PLANNED PARENTHOOD FEDERATION OF AMERICA, INC.					
Principal Place of Business 434 W 33RD STREET NEW YORK, NY 10001			Mailing Address 434 W 33RD STREET NEW YORK, NY 10001		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS ST. TALLAHASSEE, FL 32301				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	C	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALFREDO, VIGIL M.D.		NAME	La Don Love	
STREET ADDRESS	434 W 33RD STREET		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10001		CITY-ST-ZIP		
TITLE	VC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARL, LUCY J		NAME		
STREET ADDRESS	434 W 33RD STREET		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10001		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUND, JAMES D		NAME		
STREET ADDRESS	434 W 33RD STREET		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10001		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVE, LA DON		NAME	Jill Vinjamuri-Gettman	
STREET ADDRESS	434 W 33RD STREET		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10001		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUERT, BOBBIE		NAME	Asst. Sec. Beth Otten	
STREET ADDRESS	434 W 33RD STREET		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10001		CITY-ST-ZIP		
TITLE	GAT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDENBERG, IGOR		NAME	Asst. Treasurer	
STREET ADDRESS	434 W 33RD STREET		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10001		CITY-ST-ZIP		
12. 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 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: <i>Igor Goldenberg</i>		Date: 04-23-04		Daytime Phone #: 212-541-7800	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					