


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90230 013 ****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		50016764	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04052006 Chg-NP CR2E037 (11/05)	
City & State		City & State		4. FEI Number 13-1644147	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS ST. TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent	
				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 <u> N/A </u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOVE, LA DON		NAME	Esperanza Garcia Walters	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KARL, LUCY J		NAME	Jennifer A. Barefoot	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YOUNG, JAMES D		NAME	Lida L. Coleman	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WINJAMURI GETTMAN, JILL		NAME	Assist. Sec. Francine Stein	
STREET ADDRESS	434 W 33RD STREET		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10001		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OTTEN, BETH		NAME		
STREET ADDRESS	434 W 33RD STREET		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10001		CITY-ST-ZIP		
TITLE	AT	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MACHARICK, JEFFREY		NAME	Jankie Beharry	
STREET ADDRESS	434 W 33RD ST		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 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> Francine Stein </u>			4/12/06		212-541-7800
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Day</small>		<small>Daytime Phone #</small>