


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
 09 MAY 29 AM 8:39
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # N45862
 1. Entity Name
 PLANNED PARENTHOOD OF GREATER ORLANDO, INC.



Principal Place of Business: 726 SOUTH TAMPA AVE, ORLANDO, FL 32805 US
 Mailing Address: 726 SOUTH TAMPA AVE, ORLANDO, FL 32805 US

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03202008 No Chg-NP CR2E037 (4/06)
 4. FEI Number: 59-3092996 Applied For: Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 RODMAN IDTENSOHN, SUSAN
 726 SOUTH TAMPA AVE
 ORLANDO, FL 32805

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

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CO
NAME	LEVITT, MARA
STREET ADDRESS	201 E. PINE STREET, 11TH FLOOR
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	YCD
NAME	SMITHER, JANAN
STREET ADDRESS	1120 S. LAKE SYBELIA DR.
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	T
NAME	STERLING, KIMBERLY
STREET ADDRESS	301 E. PINE ST STE 300
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	V
NAME	WOLF, NANCY
STREET ADDRESS	149 HARSTON CT.
CITY-ST-ZIP	HEATHROW, FL 32746
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100156574131
 05/29/09--01003--021 **\$61.25

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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: SUSAN R. IDTENSOHN 4/28/09 407.481.0696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #