

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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**

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



03202008 No Chg-NP CR2E037 (4/06)

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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**

**DO NOT WRITE
IN THIS SPACE**

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

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

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/09

Date

407.481.0696

Daytime Phone #