FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State
02-24-1999 90158 041 ****61.25

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DOCUMENT # N93000005295

1. Corporation Name

PLANNED PARENTHOOD OF COLLIER COUNTY, INC.

Principal Place of Business	Mailing Address
900 5TH AVENUE NORTH NAPLES FL 33940	900 5TH AVENUE NORTH NAPLES FL 33940

2. Principal Place of Business 21 900 5th Avenue North NAPLES, FL. 34102	2a. Mailing Address 26 900 5th Avenue North NAPLES, FL 34102	3. Date Incorporated or Qualifed 11/22/1993
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0450515 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 34102 25 Country	Zip 34102 30 Country	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

WENDEL, CHARLENE A
900 5TH AVENUE NORTH
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BARTON, POLLY		1.2 NAME	
STREET ADDRESS	P.O. BOX 7279 N/A		1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34101		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	VD ☒ Change ☐ Addition
NAME	ABERNALHY, JOY		2.2 NAME	ABERNATHY, JAY
STREET ADDRESS	1022 SPERLING AVE		2.3 STREET ADDRESS	1022 SPERLING AVE,
CITY-ST-ZIP	NAPLES FL 34103		2. 4 CITY-ST-ZIP	NAPLES, FL. 34103
TITLE	TD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	REYNOLDS, NANCY		3.2 NAME	
STREET ADDRESS	4501 TAMIAMI TRAIL NORTH		3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34103		3.4. CITY-ST-ZIP	
TITLE	SD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	RYAN, VAL		4. 2 NAME	
STREET ADDRESS	691 YORK TERRACE		4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL		4.4 CITY-ST-ZIP	
TITLE	C	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	WENDEL, CHARLENE		5.2 NAME	
STREET ADDRESS	900 FIFTH AVENUE NORTH		5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34102		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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, or on an attachment with an address, with all other like empowered.

SIGNATURE: C. Wendel SIGNATURE REQUIRED Charlene Wendel 1-15-99 (941) 262-8923
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #