NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9700004049

ORLANDO FAMILY PLANNING CENTER, INC.

Princ	ipal F	Place	of B	usines
1103	LUÇE	RNE	TERI	RACE
ADI A	OCIA.	CI 2	2000	1016

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

1103 LUCERNE TERRACE ORLANDO FL 32806-1016

2a. Mailing Address

Suite, Apt. #, etc.

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90096 038 ****61.25



3. Date Incorporated or Qualifed

07/16/1997 FEI Number

58-3460858

22	•	27			56-3400050		Not	Applicable
City & Stat	ie	City & State	_ _		5. Certificate of Status Desired	\$	8.75 A Fee Rec	
Zip	Country Zip			Country 6. Election Campaign Fina Trust Fund Contribution			\$5.00 May Be Added to Fees	
24	9. Name and Address of Curre		30		10. Name and Address of New Re	aistered Age		
	3. Name and Address of Cure	iit Kegistered Agent	81	Name		<u> </u>		
	D4ET 41160 0		Ĺ					
	RAFT, JAMES S		82	Street Add	ress (P.O. Box Number is Not Acceptab	ile)		
	ERNE TERRACE		83		·			
UHLANDU	FL 32806-1016			<u> </u>				
			84	City		FL	5 Zip C	ode
44.	1 th	22 and 617 1509 Florida State	too the show	ro named corr	poration submits this statement for the p		nging its I	registered
office or r	to the provisions of Sections 617.05 registered agent, or both, in the State am familiar with, and accept the obliga-	of Florida, Such change was	authorized by	/ tne comorati	on's board of directors. I hereby accept	the appointme	ent as reg	istered
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOT	TE: Registered Age	nt signature require	od when reinstating)	DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND D	IRECTO	RS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE				Change	☐ Addition
NAME	PENDERGRAFT, JAMES S. IV I	M	1.2 NAME					
STREET ADDRESS	ALAN MINESONE TERRADE		1.3 STREE	ET ADORESS				
CITY-ST-ZIP	ORLANDO FL 32806		1,4 CITY-5	ST-ZIP				
TITLE	D	☐ DELETE	2.1 TITLE				Change	☐ Addition
NAME	MULLIS, HEIDI		2.2 NAME					
STREET ADDRESS	4400 LUOFONE TERRACE		2.3 STREE	ET ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32806		2.4 CITY-	ST-ZIP				
TITLE	D	☐ DELETE	3.1 TITLE	<u> </u>			Change	☐ Addition
NAME	CLEMENTS, ESTRELLA		3.2 NAME					
STREET ADDRESS	THE THE PARTY OF		3.3 STREE	ET ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32806		3.4. CITY-	ST-ZIP				
TITLE		☐ DELETE	4,1 TITLE	-			Change	☐ Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	ET ADDRESS				
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP				
TITLE		☐ DELETÉ	5.1 TITLE				Change	☐ Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	ET ADDRESS				
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE				Change	☐ Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	ET ADDRESS				
CITY-ST-ZIP			6.4 CITY-5	ST-ZIP				
14. I hereby	certify that the information supplied w	ith this filing does not qualify f	or the exemp	tion stated in	Section 119.07(3)(i), Florida Statutes. I	further certify	that the in	formation

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:

Applied For

Not Applicable