9

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	Mailing Address
726 SOUTH TAMPA AVE ORLANDO, FL 32805 US	726 SOUTH TAMPA AVE ORLANDO, FL 32805 US

03202008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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