

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000009297

**FILED  
May 10, 2020  
Secretary of State  
0261749513CC**

**Entity Name:** THE SOCIETY FOR THE PREVENTION OF UNPLANNED PREGNANCIES, INC.

**Current Principal Place of Business:**

179 ELENA CT.  
JUPITER, FL 33478

**Current Mailing Address:**

179 ELENA CT.  
JUPITER, FL 33478 US

**FEI Number: 81-3954148**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

UNITED STATES CORPORATION AGENTS, INC.  
5575 S. SEMORAN BLVD.  
SUITE 36  
ORLANDO,, FL 32822 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name GOTTLIEB, MICHAEL  
Address 45 CURLEW RD  
City-State-Zip: MANALAPAN FL 33462

Title TSD  
Name GOTTLIEB, KELLY  
Address 45 CURLEW RD  
City-State-Zip: MANALAPAN FL 33462

Title D  
Name BROWN, STEPHEN  
Address 45 CURLEW RD  
City-State-Zip: MANALAPAN FL 33462

Title DIRECTOR  
Name SPIEGEL, ROBERT  
Address 575 PARK AVE.  
City-State-Zip: NEW YOEK NY 10065

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: MICHAEL GOTTLIEB**

**PRESIDENT**

**05/10/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date