FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **708911** **(3)**

1. Corporation Name

PLANNED PARENTHOOD OF NORTHEAST FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

Principle Place of Business	Mailing Address
603 N MARKET ST JACKSONVILLE FL 32202	603 N MARKET ST JACKSONVILLE FL 32202

3. Date Incorporated or Qualified: **05/07/1965**
3a. Date of Last Report: **04/22/1994**
4. FEI Number: **59-1061757** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)	5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
City & State (23)	City & State (28)	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — **$68.75** Supplemental Fee Not Required
ZIP (24) Country (25)	ZIP (29) Country (30)	8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LANIER, LINDA M 1768 PARK TERRACE W ATLANTIC BEACH FL 32233	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Linda M Lanier — Executive Director — 4/30/95
(Signature of Officer or Director) (Title) (Registered Agent signature required if changed) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	TD	11 TITLE	TD ☒ Change ☐ Addition
12 NAME	HUNTER, LEWIS B., JR.	12 NAME	Grogan, Peter E.
13 STREET ADDRESS	4217 BAYMEADOWS RD #2	13 STREET ADDRESS	3728 Phillips Hwy, Ste 229
14 CITY, ST, ZIP	JACKSONVILLE FL	14 CITY, ST, ZIP	Jacksonville, FL 32207
21 TITLE	PD	21 TITLE	☐ Change ☐ Addition
22 NAME	BRYANT, CECILIA	22 NAME	
23 STREET ADDRESS	1400 PRUDENTIAL DRIVE, #7	23 STREET ADDRESS	
24 CITY, ST, ZIP	JACKSONVILLE FL	24 CITY, ST, ZIP	
31 TITLE	SD	31 TITLE	SD ☒ Change ☐ Addition
32 NAME	WINSTEAD, BETTY	32 NAME	Buckingham, Julie
33 STREET ADDRESS	2800 UNIVERSITY BLVD NO	33 STREET ADDRESS	3019 Grand Avenue
34 CITY, ST, ZIP	JACKSONVILLE, FL 00000	34 CITY, ST, ZIP	Jacksonville, FL 32210
41 TITLE	VD	41 TITLE	VD ☒ Change ☐ Addition
42 NAME	GROGAN, PETER E.	42 NAME	Sekine, Kenneth M.D.
43 STREET ADDRESS	3728 PHILLIPS HWY, STE 229	43 STREET ADDRESS	836 Prudentiar Dr., Suite 802
44 CITY, ST, ZIP	JACKSONVILLE FL	44 CITY, ST, ZIP	Jacksonville, FL 32207
51 TITLE	PD	51 TITLE	PD ☒ Change ☐ Addition
52 NAME	OSTERMAN, PETER R	52 NAME	Strathern, Fiona
53 STREET ADDRESS	111 RIVERSIDE AVE	53 STREET ADDRESS	603 N. Market St.
54 CITY, ST, ZIP	JACKSONVILLE, FL 00000	54 CITY, ST, ZIP	Jacksonville, FL 32202
61 TITLE	MD	61 TITLE	☐ Change ☐ Addition
62 NAME	LANIER, LINDA M	62 NAME	
63 STREET ADDRESS	1768 PARK TERRACE W	63 STREET ADDRESS	
64 CITY, ST, ZIP	ATLANTIC BEACH FL	64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Cecilia Bryant Pres — 4/30/95 — 904/358-3886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

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