## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1006

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DOCUME Corporation Nan	ENT # 708911	(3)					
	PARENTHOOD OF NORT	HEAST FLORIDA, INC	).		n andreis addas Aniels iniin	ni canni aini dinii binii binii binii binii	DIAM CIRII ARCI
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Principal Place of E	Business	Mailing Address			I (BPIS) 1881 Ania Isina ia.	81 11881 1181 61911 E1811 61811 61811 61811	
603 N MARKET S		603 N MARKET ST JACKSONVILLE FL 32202	1				
JACKSONVILLE F	L 32202	JACKSONVILLE PL 32202	•		Date incorporated or Quality	fied 3a. Date of Last	
					05/07/1965	05/01/1	995 Apolied For
. Principal Place	of Business	2a. Mailing Address			4. FEI Number 59-1061757	<b>├-</b>	Not Applicable
Suite, Apt. #, e	tc.	Suite, Apt. #, etc.			5. Certificate of Status Desire	.4 [ ] *****	Additional Required
2		27			6. Election Campaign Finance	ing \$5.0	May Be
City & State		City & State		Trust Fund Contribution	Ŭ Adde	d to Fees	
Zip	Country	Zip	Cou	intry	This corporation has liability     Florida Statutes	ty for intangible tax under s.  Yes XX No	. 199.032,
<u> </u>	25 9. Name and Address of Current	29 Registered Agent	30		10. Name and Address of N		
	9. Name and Address of Current	ringistored rige		81 Name	er, Linda M.		
LANIER, LINDA M				82 Street A	dress (P.O. Box Number is Not Acceptable)		
	( TERRACE W				N. Market Street		
ATLANTIC	BEACH FL 32233			83		85 7	in Code
				84 City Jack	sonville		p Code 2202
11. Pursuant to t	he provisions of Sections 617.0502	and 617.1508, Florida Statute	s, the ab	ove named co	proporation submits this statement for the board of directors. I hereby accept the	the purpose of changing its le appointment as registered	registered office d agent. I am
or registered familiar with,	agent/of both, in the State of Hono	on 617.0503, Florida Statutes.	o by the	·			
SIGNATURE 🚄	mature (yield or printed name of hogistyred against	スペペー	E Registere	Exe	a icod advoc re-netatatal	DATE	
12.	OFFICERS AND	DIRECTORS	13		ADDITIONS/CHANGES 1	O OFFICERS AND DIRECT	
TITLE	TD	DEFELE		TITLE		- Communication	<b>□</b>
NAME	GROGAN, PETER E	<b>,</b>		NAME STREET ADORESS			
STREET ADORESS	3728 PHILLIPS HWY STE 229 JACKSONVILLE FL	•		CiTY-ST-ZiP		179 65-100	Addition
CITY - ST - ZIP TITLE	PD	DELETE		TITLE	PD	XXX Change	L Addition
NAME	BRYANT, CECILIA		2?	NAME CENTRE LATINDESCO	Taylor, John C., Jr 50 N. Laura Street	. Suite 3500	
STREET ADDRESS	1400 PRUDENTIAL DRIVE, #7	7		CITY-ST-ZIP	Jacksonville, FL	3 <u>2202</u>	
CITY - ST - ZIP	JACKSONVILLE FL SD	DELETE		TITLE		Change	e Addition
NAME	BUCKINGHAM, JULIE			NAME			
STREET ADDRESS	3019 GRAND AVENUE			STREET ADDRESS CITY - ST - ZIP			
CITY-ST-ZIP	JACKSONVILLE, FL 00000	DELETE		TILE		Change	e 🔲 Addition
TITLE NAME	VD SEKINE, KENNETH M D	_	4 :	2 NAME			
STREET ADDRESS	836 PRUDENTIAR DR., STE	802	- 1	STREET ADDRESS			
CITY - ST - ZIP	JACKSONVILLE FL	DELETE		CITY-ST-ZIP		Chang	je 🔲 Addition
TITLE	PD CTOATHEON FIONS			NAME			
NAME STREET ADORESS	STRATHERN, FIONA 603 N. MARKET ST.		5	3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 00000			4 CITY - ST - ZIP	<u> </u>	Chang	ge Addition
TITLE	MD	DELETE	1	1 TITLF 2 NAME	MD	A-K	
NAME	LANIER, LINDA M			2 NAM: 3 STREET ADDRESS	Lanier, Linda M. 603 N. Market St.		
STREET ADDRESS	1768 PARK TERRACE W		6	4 CITY - ST - ZIP	Jacksonville, FL.	32202	ababaa 16 mbaa
14. I do hereby	y certify that the information supplied	with this filing is voluntarily ful	rnished a	nd does not que	Jacksonville FI ualify for the exemption stated in Sec accurate and that my signature shall	tion 119.07(3)(k), Florida Sta have the same legal effect a	atutes, i further as if made under
certify that oath; that I	the information indicated on this and am an officer or director of the corp	nual report of propieriterital and oration of the receiver or true	ee empo	wered to exec	ualify for the exemption stated in Sec accurate and that my signature shall tute this report as required by Chapte	r 617, Florida Statutes; and	that my name
appears in	Block 12 or Block //Bit/changed, or	on an academic review of all delivers	<i>[</i> ]				
SIGNAT	URE: YV//V	1 (1)/10/10		Pre	sident 2/29/96	904/358-38 Dayting Ph	<b>∑O</b>
	SIGNATURE AND TYPEO	OR PRINTER MARKE OF SIGNING OFFI	CER UPA <u>N</u>	<u> </u>			