

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 708911 (3)

1. Corporation Name

PLANNED PARENTHOOD OF NORTHEAST FLORIDA, INC.



Principal Place of Business

603 N MARKET ST  
JACKSONVILLE FL 32202

Mailing Address

603 N MARKET ST  
JACKSONVILLE FL 32202

3. Date Incorporated or Qualified  
05/07/1965

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

4. FEI Number  
59-1061757

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LANIER, LINDA M  
1768 PARK TERRACE W  
ATLANTIC BEACH FL 32233

10. Name and Address of New Registered Agent

81 Name  
Lanier, Linda M.  
82 Street Address (P.O. Box Number is Not Acceptable)  
603 N. Market Street  
83  
84 City  
Jacksonville FL 85 Zip Code  
32202

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

*Linda M. Lanier*

Executive Director

2/29/96

DATE

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	GROGAN, PETER E	
STREET ADDRESS	3728 PHILLIPS HWY STE 229	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BRYANT, CECILIA	
STREET ADDRESS	1400 PRUDENTIAL DRIVE, #7	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BUCKINGHAM, JULIE	
STREET ADDRESS	3019 GRAND AVENUE	
CITY - ST - ZIP	JACKSONVILLE, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SEKINE, KENNETH M D	
STREET ADDRESS	836 PRUDENTIAL DR., STE 802	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	STRATHERN, FIONA	
STREET ADDRESS	603 N. MARKET ST.	
CITY - ST - ZIP	JACKSONVILLE, FL 00000	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	LANIER, LINDA M	
STREET ADDRESS	1768 PARK TERRACE W	
CITY - ST - ZIP	ATLANTIC BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Taylor, John C., Jr., Esq.	
2.3 STREET ADDRESS	50 N. Laura Street, Suite 3500	
2.4 CITY - ST - ZIP	Jacksonville, FL 32202	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	MD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Lanier, Linda M.	
6.3 STREET ADDRESS	603 N. Market St.	
6.4 CITY - ST - ZIP	Jacksonville, FL 32202	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

2/29/96

904/358-3886

Date

Daytime Phone #

CR2E037 (12/95)