

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90160 035 ****61.25

DOCUMENT # 708911

1. Corporation Name

PLANNED PARENTHOOD OF NORTHEAST FLORIDA, INC.

Principal Place of Business

3850 BEACH BLVD
JACKSONVILLE FL 32207
US

Mailing Address

3850 BEACH BLVD
JACKSONVILLE FL 32207
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

05/07/1965

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

9. Name and Address of Current Registered Agent

LANIER, WANDA
568 SEASPRAY AVE
ATLANTIC BEACH FL 32233

10. Name and Address of New Registered Agent

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TD
SMITH, LINDA L
50 N. LAURA ST., STE. 2500
JACKSONVILLE FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD
TAYLOR, JOHN C JR.
50 N LAURA ST, STE 3500
JACKSONVILLE FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD
BUCKINGHAM, JULIE
3019 GRAND AVENUE
JACKSONVILLE, FL 00000

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VD
SEKINE, KENNETH M D
836 PRUDENTIAL DR., STE 802
JACKSONVILLE FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SD
LANE, BARNEY
1735 BEACH AVE.
ATLANTIC BEACH FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VD
LANIER, WANDA
568 SEASPRAY AVE
ATLANTIC BEACH FL 32233

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

President Elect/D
Smith, Linda L. - Jacksonville, 32207
1301 Riverplace Blvd., Suite 600

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Treasurer/D
Drake, Barbara
1614 S. Edgewood Ave.
Jacksonville, FL 32205

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 25 1999
Date

Daytime Phone #

CR2E037 (11/98)