

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 708911

1. Entity Name

PLANNED PARENTHOOD OF NORTHEAST FLORIDA, INC.

Principal Place of Business

Mailing Address

3850 BEACH BLVD
JACKSONVILLE FL 32207
US

3850 BEACH BLVD
JACKSONVILLE FL 32207
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1061757

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LANIER, WANDA
568 SEASPRAY AVE
ATLANTIC BEACH FL 32233

Name

Dorcas G. Tanner

Street Address (P.O. Box Number is Not Acceptable)

4242 Ortega Blvd.

City

Jacksonville

FL

Zip Code
32210

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME SMITH, LINDA L
STREET ADDRESS 1301 RIVERPLACE BLVD STE 600
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE P/D
NAME A. Quinton White, Jr., Ph.D.
STREET ADDRESS 2800 University Blvd., N.
CITY-ST-ZIP Jacksonville, FL 32211

TITLE TD
NAME DRAKE, BARBARA
STREET ADDRESS 1614 S EDGEWOOD AVE
CITY-ST-ZIP JACKSONVILLE FL 32205

TITLE T/D
NAME The Rev. Christopher Martin
STREET ADDRESS 405 St. Johns Avenue
CITY-ST-ZIP Green Cove Springs, FL 32043-3050

TITLE PD
NAME BUCKINGHAM, JULIE
STREET ADDRESS 3019 GRAND AVENUE
CITY-ST-ZIP JACKSONVILLE, FL 00000

TITLE V/D
NAME Ann Mackey
STREET ADDRESS 3650 Hedrick Street
CITY-ST-ZIP Jacksonville, FL 32205

TITLE VD
NAME SEKINE, KENNETH M D
STREET ADDRESS 838 PRUDENTIAL DR., STE 802
CITY-ST-ZIP JACKSONVILLE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD
NAME LANE, BARNEY
STREET ADDRESS 1735 BEACH AVE.
CITY-ST-ZIP ATLANTIC BEACH FL

TITLE S/D
NAME Ray Redington
STREET ADDRESS 3599 University Blvd., S.
CITY-ST-ZIP Jacksonville, FL 32216

TITLE MD
NAME LANIER, WANDA
STREET ADDRESS 568 SEASPRAY AVE
CITY-ST-ZIP ATLANTIC BEACH FL 32233

TITLE M/D
NAME Dorcas G. Tanner
STREET ADDRESS 4242 Ortega Blvd.
CITY-ST-ZIP Jacksonville, FL 32210

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Dorcas G. Tanner, Interim CEO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 28, 2002 8:00 am
Secretary of State

04-22-2002 90245 034 ****61.25

DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)