

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90021 006 ****61.25

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DOCUMENT # 708911 1. Entity 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1061757	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
STEIGER, CAROLE ANN 338 7TH STREET ATLANTIC BEACH, FL 32233				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD		TITLE	C/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHITE, JR. PH.D, A. QUINTON <input type="checkbox"/> Delete		NAME	Mackey, Ann R.	
STREET ADDRESS	2800 UNIV BLVD N		STREET ADDRESS	3650 Hedrick Street	
CITY-ST-ZIP	JACKSONVILLE, FL 32211		CITY-ST-ZIP	Jacksonville, FL 32205	
TITLE	TD <input type="checkbox"/> Delete		TITLE	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARTIN, CHRISTOPHER		NAME	V/D	
STREET ADDRESS	405 ST. JOHNS AVE		STREET ADDRESS	Martin, Christopher	
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043		CITY-ST-ZIP	405 St. Johns Avenue	
TITLE	VD <input type="checkbox"/> Delete		TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MACKEY, ANN		NAME	Green Cove Springs, FL 32042	
STREET ADDRESS	3650 HEDRICK ST		STREET ADDRESS	DR. Neil Sager	
CITY-ST-ZIP	JACKSONVILLE, FL 32205		CITY-ST-ZIP	4131 University Blvd.	
TITLE	VD <input type="checkbox"/> Delete		TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SEKINE, KENNETH M D		NAME	Afesa Adams	
STREET ADDRESS	836 PRUDENTIAL DR., STE 802		STREET ADDRESS	4543 Harbour North Court	
CITY-ST-ZIP	JACKSONVILLE, FL		CITY-ST-ZIP	Jacksonville, FL 32225	
TITLE	SD <input type="checkbox"/> Delete		TITLE	MD <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REDINGTON, RAY		NAME	STEIGER, CAROLE ANN	
STREET ADDRESS	3599 UNIV BLVD. S.		STREET ADDRESS	338 7TH STREET	
CITY-ST-ZIP	JACKSONVILLE, FL 32216		CITY-ST-ZIP	ATLANTIC BEACH, FL 32233	
12. 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 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: <u>Carole Ann Steiger</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/30/04 (904) 399-2000 x34 <small>Date Daytime Phone #</small>		

Attachment



Planned Parenthood®
of Northeast Florida, Inc.

708911

**PLANNED PARENTHOOD OF NORTHEAST FLORIDA, INC.
BOARD OF DIRECTORS - 2004**

NAME	BOARD POSITION	ADDRESS
Ann R. Mackey	Chair	3650 Hedrick Street Jacksonville, FL 32205
Dr. Neil Sager	Vice Chair for Medical Affairs	4131 S. University Blvd. Jacksonville, FL 32216
Afesa Adams	Secretary	4543 Harbour North Court Jacksonville, FL 32225
	Treasurer	
The Rev. Christopher Martin	Chair Elect	403 St. Johns Avenue Green Cove Springs, FL 32043-3050
A. Quinton White, Ph.D.	Past Chair	Jacksonville University 2800 University Blvd. N. Jacksonville, FL 32211
	Vice Chair for Community Affairs	
Kay Redington	Vice Chair for Education	2874 San Fernando Road Jacksonville, FL 32217
Jacquelyn Cornelius	Board Member	2445 San Diego road Jacksonville, FL 32207
Patricia Hogan	Board Member	913 Sorrento Road Jacksonville, FL 32207
Sylvia Perry	Board Member	P.O. Box 43580 Jacksonville, FL 32203
Amy Rankin	Board Member	12516 Old Still Court Ponte Vedra Beach, FL 32082
Kenneth W. Reddick	Board Member	7330 Lem Turner Road Jacksonville, FL 32208
Bryant Rollins	Board Member	P.O Box 550549 Jacksonville, FL 32255
Ann Sabbag	Board Member	7014 Cypress Bridge Drive, N Ponte Vedra Beach, FL 32082.
Margery A. Serkin	Board Member	8833 Perimeter Park Blvd. #601 Jacksonville, FL 32216
.Mimi B. Stephens	Board Member	3880 Ortega Boulevard Jacksonville, FL 32210
Doris Carson, M.D.	Life Member	205 Tower View Drive Apt. #3206 St. Augustine, FL 32092
Minor Chamblin, Ph.D.	Life Member	University of North Florida Department of Psychology Jacksonville, FL 32224-2673
Michael Fisher, Esq.	Life Member	1 Independent Drive, Suite 2600 Jacksonville, FL 32202