# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 27, 2005**
**Secretary of State**

DOCUMENT# 708911

**Entity Name:** PLANNED PARENTHOOD OF NORTHEAST FLORIDA, INC.

**Current Principal Place of Business:**

3850 BEACH BLVD
JACKSONVILLE, FL 32207 US

**New Principal Place of Business:**

**Current Mailing Address:**

3850 BEACH BLVD
JACKSONVILLE, FL 32207 US

**New Mailing Address:**

**FEI Number: 59-1061757** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STEIGER, CAROLE ANN
338 7TH STREET
ATLANTIC BEACH, FL 32233 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | PD | ( ) Delete |
| Name: | WHITE, JR. PH.D, A. QUINTON | |
| Address: | 2800 UNIV BLVD N | |
| City-St-Zip: | JACKSONVILLE, FL 32211 | |
| Title: | VD | ( ) Delete |
| Name: | MARTIN, CHRISTOPHER | |
| Address: | 405 ST. JOHNS AVE | |
| City-St-Zip: | GREEN COVE SPRINGS, FL 32043 | |
| Title: | CD | ( ) Delete |
| Name: | MACKEY, ANN | |
| Address: | 3650 HEDRICK ST | |
| City-St-Zip: | JACKSONVILLE, FL 32205 | |
| Title: | VD | ( ) Delete |
| Name: | SEKINE, KENNETH M D | |
| Address: | 836 PRUDENTIAR DR., STE 802 | |
| City-St-Zip: | JACKSONVILLE, FL | |
| Title: | SD | (X) Delete |
| Name: | REDINGTON, RAY | |
| Address: | 3599 UNIV BLVD. S. | |
| City-St-Zip: | JACKSONVILLE, FL 32216 | |
| Title: | MD | (X) Delete |
| Name: | STEIGER, CAROLE ANN | |
| Address: | 338 7TH STREET | |
| City-St-Zip: | ATLANTIC BEACH, FL 32233 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | PD | (X) Change ( ) Addition |
| Name: | MACKEY, ANN | |
| Address: | 3650 HEDRICK ST. | |
| City-St-Zip: | JACKSONVILLE, FL 32205 | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | SD | (X) Change ( ) Addition |
| Name: | ADAMS, AFESA | |
| Address: | 2114 B GAIL AVE | |
| City-St-Zip: | JACKSONVILLE BEACH, FL 32250 | |
| Title: | CEO | (X) Change ( ) Addition |
| Name: | STEIGER, CAROLE ANN | |
| Address: | 338 7TH STREET | |
| City-St-Zip: | ATLANTIC BEACH, FL 32233 | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLE ANN STEIGER CEO 04/27/2005

Electronic Signature of Signing Officer or Director — Date