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 # 710922 (6)

1. Corporation Name
PLANNED PARENTHOOD ASSOCIATION OF SOUTHWESTFLORIDA, INC.

Principal Place of Business	Mailing Address
1958 PROSPECT STREET SARASOTA FL 34239-9217	1958 PROSPECT STREET SARASOTA FL 34239-9217

3. Date Incorporated or Qualified: 05/24/1966
3a. Date of Last Report: 07/20/1995

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: 59-1274328 ☐ 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

ZDRAVECKY, BARBARA
707 FERN ST
P O BOX 1292
ANNA MARIA FL 34216

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: Barbara A Zdravecky President / CEO 01-18-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD GILLMAN, STACEY S 1743 INDEPENDENCE BLVD STE D-3 SARASOTA FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	CD - CHAIR Carol Daniels PO Box. 1207 15759 Caption Drive Captiva Florida 33924-1207
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD WILLETT, MARCI 11180 5TH ST E TREASURE ISLAND FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VCD VICE CHAIR ☒ Change ☐ Addition Marilyn Myerson 406 Courtney Drive Temple Terrace Fla. 33617
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HAND, DAVID 2243 CORK OAK STREET SARASOTA FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	LYNDA BLOCK HILL Director ☐ Change ☒ Addition 1728 Billings ST. 34231 Sarasota Fla 8
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BALL, KATHLEEN 10120 WOODSONG WAY TAMPA FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Director ☐ Change ☒ Addition Gary Hickerson 5071 75th St. Holmes Beach Fla 34231
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVSD FISHER, ANNE E 5116 ADMIRAL PLACE SARASOTA FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition 100001870061 -06/20/96--01072--015 ***61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCED ZDRAVECKY, BARBARA 707 FERN STREET ANNA MANIA FL	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☒ Change ☐ Addition ZDRAVECKY, BARBARA 707 Fern Street Anna Maria Florida

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Barbara A Zdravecky 1-19-96 941-365-3913
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)