FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

1728 BILLINGS ST

appears in Block 12 or Block 13 if

SARASOTA FL 34231

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Feb 10 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

710922

(6)

Mailing Address

PLANNED PARENTHOOD ASSOCIATION OF SOUTHWESTFLORIDA, INC.

1958 PROSPECT STREET 1958 PROSPECT STREET SARASOTA FL 34239-2217 SARASOTA FL 34239-9217 Date incorporated or Qualified 05/24/1966 3a. Date of Last Report 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1274328 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, ☐ Yes ☐ No 30 Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 ZDRAVECKY, BARBARA Street Address (P.O. Box Number is Not Acceptable) 707 FERN ST 83 P O BOX 1292 ANNA MARIA FL 34216 84 City Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 817.1508, 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 Fjorida. 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, Seclioff 617.0503, Florida Statutes. SIGNATURE Signature typed d when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. DELETE Change TITLE 1 TITLE DANIÉLS, CAROL 1.2 NAME NAME 15759 CAPTION DRIVE 1.3 STREET ADDRESS STREET ADDRESS CAPTIVA FL 33924-1207 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change 2.1 TITLE TITLE VCD MYERSON, MARILYN NAME 22 NAME 406 COURTNEY DRIVE 2.3 STREET ADDRESS STREET ADDRESS TEMPLE TERRACE FL 33617 CITY - ST - ZIP 2.4 City-St-ZiP DELETE Addition TITLE 3.1 TITLE NAME HAND, DAVID 3.2 NAME 2243 CORK OAK STREET 3.3 STREET ADDRESS STREET ADDRESS SARASOTA FL CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE 4.1 TITLE ☐ Change Addition TIT: F Ball, Kathleen 4. 2 NAME NAME 10120 WOODSONG WAY 4.3 STREET ADDRESS STREET ADDRESS TAMPA FL CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE SVSD 5.1 TITLE NAME FISHER, ANNE E 5.2 NAME 5116 ADMIRAL PLACE 5.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 6.1 TITLE TITLE Masurer HILL, LYNDA BLOCK 6.2 NAME NAME

6.3 STREET ADDRESS

Date

Daytime Phone # 0063548

6.4 CITY-ST-ZIP

14. I do 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 trystee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name