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NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 710922

1. Corporation Name

PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL FLOR IDA, INC.

* 8 4 6 3 3 - 9 0 0 9 8 - 4 2 3 *

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 05/24/1966
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1274328 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VCD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DANIELS, CAROL		1.2 NAME	
STREET ADDRESS	15759 CAPTION DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	CAPTIVA FL 33924-1207		1.4 CITY-ST-ZIP	
TITLE	CD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MYERSON, MARILYN		2.2 NAME	
STREET ADDRESS	406 COURTNEY DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE FL 33617		2. 4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BISSEN, LECLAIR		3.2 NAME	
STREET ADDRESS	1932 WOODRING ROAD		3.3 STREET ADDRESS	
CITY-ST-ZIP	SANIBEL FL 33957		3.4. CITY-ST-ZIP	
TITLE	VCD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HUCHMAN, RUTH		4. 2 NAME	
STREET ADDRESS	3601 AZALEA LANE		4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL		4.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	HICKERSON, GARY		5.2 NAME	
STREET ADDRESS	1991 MAIN STREET, SUITE 147		5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34236		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED GARY HICKERSON 2-8-99 (941) 365-3913
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #