FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 03, 2002 8:00 am **DOCUMENT # 710922 Secretary of State** 1. Entity Name PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL FLOR 02-03-2002 90026 045 ****70.00 IDA. INC. Principal Place of Business Mailing Address 1958 PROSPECT STREET 1958 PROSPECT STREET SARASOTA FL 34239-9217 SARASOTA FL 34239-9217 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-1274328 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ZDRAVECKY, BARBARA 707 FERN ST P O BOX 1292 Zip Code ANNA MARIA FL 34216 FL 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. VCD CHAR, DIRECTOR (9/01) TITLE ☐ Delete TITLE ■ Addition CANNON, WALT NAME NAME 1950 PUSAGET ST 730 FREELING DRIVE STREET ADDRESS STREET ADDRESS SARASOTA FL 34239 SAMASOTA GL 34 VICE CHANG DINGEROL 34239 CITY-ST-ZIP CITY-ST-ZIP CD **X** Delete TITLE ☐ Change ▼ Addition TITLE WENDY CUDZILO MYERSON, MARILYN NAME NAME 1958 PROSPECTSY **406 COURTNEY DRIVE** STREET ADDRESS STREET ADDRESS CITY-ST-7IP TEMPLE TERRACE FL-33617-------CITY-ST-7IP SALASOTA (2 34239 CD JILE CHAK, DIRECTOR TITLE ☐ Change **X** Addition TITLE **Delete** SHOWLL SHAY SATERBO, MARIA NAME NAME 1958 PHOSPECT 149 WODEN WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL 33884 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition HICKERSON, GARY NAME NAME 1991 MAIN STREET, SUITE 147 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34236 CITY-ST-ZIP SECRETARY DIVERTON X Delete ☐ Change Addition RODRIQUEZ, CHERYL NAME ANN LEE 14831 OAK VINE DRIVE 1958 PROSPECTST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **LUTZ FL 33549** CITY-ST-ZIP ALASOTA 12 3423 TITLE ☐ Addition ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

changed, or on an attachment with an address, with all other like empowered.

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