2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2005
Secretary of State

DOCUMENT# 710922

Entity Name: PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL FLORIDA, INC.

Current Principal Place of Business:

2055 WOOD ST.
SUITE 110
SARASOTA, FL 34237

New Principal Place of Business:

Current Mailing Address:

2055 WOOD ST.
SUITE 110
SARASOTA, FL 34237

New Mailing Address:

FEI Number: 59-1274328 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ZDRAVECKY, BARBARA
707 FERN ST
P O BOX 1292
ANNA MARIA, FL 34216 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: CD ( ) Delete
Name: CANNON, WALT
Address: 2055 WOOD ST, SUITE 110
City-St-Zip: SARASOTA, FL 34237

Title: VCD ( ) Delete
Name: STRANG, SHERYLL
Address: 2055 WOOD ST, SUITE 110
City-St-Zip: SARASOTA, FL 34237

Title: SD ( ) Delete
Name: LEE, ANN
Address: 2055 WOOD ST, SUITE 110
City-St-Zip: SARASOTA, FL 34237

Title: TD ( ) Delete
Name: HICKERSON, GARY
Address: 2055 WOOD ST, SUITE 110
City-St-Zip: SARASOTA, FL 34237

Title: VCD ( ) Delete
Name: GARCIA, ADRIENNE
Address: 2055 WOOD ST, SUITE 110
City-St-Zip: SARASOTA, FL 34237

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VCD (X) Change ( ) Addition
Name: CUDZILO, WENDY
Address: 2055 WOOD ST, SUITE 110
City-St-Zip: SARASOTA, FL 34237

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: GARY HICKERSON TD 04/10/2005

Electronic Signature of Signing Officer or Director — Date