2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State
03-24-2006 90022 031 ****70.00

DOCUMENT # 710922

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

Principal Place of Business	Mailing Address
2055 WOOD ST. SUITE 110 SARASOTA, FL 34237	2055 WOOD ST. SUITE 110 SARASOTA, FL 34237

03172006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1274328 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ZDRAVECKY, BARBARA 707 FERN ST P O BOX 1292 ANNA MARIA, FL 34216	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD CANNON, WALT 2055 WOOD ST, SUITE 110 SARASOTA, FL 34237	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD Vanek, Barbara 2055 Wood Street, Suite 110 Sarasota, FL 34237	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD CUDZILO, WENDY 2055 WOOD ST, SUITE 110 SARASOTA, FL 34237	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LEE, ANN 2055 WOOD ST, SUITE 110 SARASOTA, FL 34237	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Brablin, Karin 2055 Wood Street, Suite 110 Sarasota, FL 34237	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HICKERSON, GARY 2055 WOOD ST, SUITE 110 SARASOTA, FL 34237	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ATD Durand, Wendy 2055 Wood Street, Suite 110 Sarasota, FL 34237	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD GARCIA, ADRIENNE 2055 WOOD ST, SUITE 110 SARASOTA, FL 34237	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Hill, Washington 2055 Wood Street, Suite 110 Sarasota, FL 34237	☐ Change ☑ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Barbara Zdravecky 3/24/06 941/365-3913
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #