FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

719503

(5)

PLANNED PARENTHOOD OF CENTRAL FLORIDA, INC.

Principal Plac	e of Business	Mailing Address		1 (40)() 408 86 (10)(10)(10)(44)(48)(49)	
1104 MARTIN L KING JR AVE. 1104 MARTIN L KING JR AVE. P. O. BOX 1482 LKLD 33802-1482 P. O. BOX 1482 LKLD 33805 LAKELAND FL 33805-4426			Date Incorporated or Qualified	3a. Date of Last Report	
				10/12/1970	05/01/1996
21	lace of Business	2a, Mailing Address 26		4. FEI Number 59-1304857	Applied For Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	8	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Zip 29	Country 30	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes 🔀 No
	9. Name and Address of Currer	10. Name and Address of New Reg	pistered Agent		
CUTHBERTSON, BARBARA J.			81 Name 82 Street Ado	Maria Saterbo dress (P.O. Box Number is Not Acceptable	e)
6715 TAYLOR RD. LAKELAND FL 38811 83					
B4 City Winter Haven FL B5 Zip Code 33884					
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 617.0502, Florida Statutes.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating). DATE					
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PD	DELETE	1.1 TITLE	7,007,000,001,000,000,000,000,000	Change Addition
NAME	SATERBO, MARIA		1.2 NAME		
STREET ADDRESS	4 BRIDGEWATER DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL		1.4 CITY-ST-ZIP		Ì
TITLE	TĎ	☐ DELETE	2.1 TITLE		Change Addition
NAME	STEED, NELL B.		2.2 NAME		
STREET ADDRESS	689 LAKE HOWARD DR., NW.	., #1-E	2.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL		2. 4 CITY - ST - ZIP		
TITLE	VO	DELETE	3.1 TITLE		Change Addition
NAME	TRAWEEK, AMANDA		3.2 NAME		
STREET ADDRESS	1900 BUCKEYE ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL		3.4. CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HOWELL, RAE P.		4. 2 NAME		
STREET ADDRESS	1549 DREXEL AVE., N.E.		4.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL		4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition

6.4 city-st-zip

14. I do hereby certify that the information surplied 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.

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

CICLIATURE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Aux Comment will an address.

DELETE

3-27-91

Change

Addition

FILED

Jun 09 1997 8:00am

Secretary of State