FILE NOW: FILING FEE IS $61.25

FILED
May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 722335 (7)

1. Corporation Name

PLANNED PARENTHOOD OF THE PALM BEACH AND TREASUR E COAST AREA, INC.

Principal Place of Business	Mailing Address
5312 BROADWAY WEST PALM BEACH FL 33407	5312 BROADWAY WEST PALM BEACH FL 33407-2704

3. Date Incorporated or Qualified: 12/27/1971
3a. Date of Last Report: 04/23/1996

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 59-1391115 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

RUSSELL, HOLLIS F
450 ROYAL PALM WAY
SUITE 450
PALM BEACH FL 3348

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	VD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	APPLEMAN, ANN		1.2 NAME		
STREET ADDRESS	ONE NORTH BREAKERS ROW		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CURTIS, CHRISTINE		2.2 NAME		
STREET ADDRESS	720 S. OCEAN BLVD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL 33480		2.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	STEVENSON, ELLYN		3.2 NAME		
STREET ADDRESS	1 NE LAGOON ISLAND CT.		3.3 STREET ADDRESS		
CITY-ST-ZIP	SEWALL'S POINT FL 34996		3.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, CYNTHIA		4.2 NAME		
STREET ADDRESS	1744 S. OCEAN BLVD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL 33480		4.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MYERS, JAMES		5.2 NAME		
STREET ADDRESS	1473 NORTH LAKE WAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL 33480		5.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	6.1 TITLE	VD	☐ Change ☒ Addition
NAME	MAHONEY, DANIEL J III		6.2 NAME	Patricia R. Mintmire	
STREET ADDRESS	329 ROYAL POINCIANA PLAZA		6.3 STREET ADDRESS	124 El Mirasol	
CITY-ST-ZIP	PALM BEACH FL 33480		6.4 CITY-ST-ZIP	Palm Beach FL 33480	

CR2E037 (9/96)

14. I do 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.

SIGNATURE: James Myers James Myers 4-17-97 561-848-6402
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0040386