2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# 722335

Entity Name: PLANNED PARENTHOOD OF SOUTH FLORIDA AND THE TREASURE COAST, INC.

Current Principal Place of Business:

2300 NORTH FLORIDA MANGO ROAD
WEST PALM BEACH, FL 33409

New Principal Place of Business:

Current Mailing Address:

2300 NORTH FLORIDA MANGO ROAD
WEST PALM BEACH, FL 33409

New Mailing Address:

FEI Number: 59-1391115 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TAMAYO, LILLIAN A
2300 NORTH FLORIDA MANGO ROAD
WEST PALM BEACH, FL 33409 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:	CASH, CONNACHT	
Address:	2300 N. FLORIDA MANGO ROAD	
City-St-Zip:	WEST PALM BEACH, FL 33409	
Title:	ATD	( ) Delete
Name:	BARRY, ARCHER A	
Address:	2300 N. FLORIDA MANGO ROAD	
City-St-Zip:	WEST PALM BEACH, FL 33409	
Title:	TD	( ) Delete
Name:	MYERS, JAMES	
Address:	2300 N. FLORIDA MANGO ROAD	
City-St-Zip:	WEST PALM BEACH, FL 33409	
Title:	VD	( ) Delete
Name:	JONES, ETHELENE	
Address:	2300 N. FLORIDA MANGO ROAD	
City-St-Zip:	WEST PALM BEACH, FL 33409	
Title:	D	( ) Delete
Name:	MINTMIRE, PATRICIA	
Address:	2300 N. FLORIDA MANGO ROAD	
City-St-Zip:	WEST PALM BEACH, FL 33409	
Title:	SD	( ) Delete
Name:	IRELAND, MARIANNE	
Address:	2300 N. FLORIDA MANGO ROAD	
City-St-Zip:	WEST PALM BEACH, FL 33409	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 exemption stated 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 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: CONNACHT CASH CD 01/21/2009

Electronic Signature of Signing Officer or Director — Date