
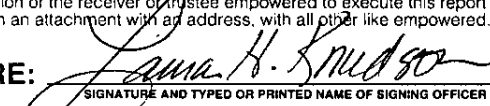


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90078 033 \*\*\*\*70.00

<b>DOCUMENT # 729990</b> 1. Entity Name <b>PLANNED PARENTHOOD OF NORTH CENTRAL FLORIDA, INC.</b>					
Principal Place of Business <b>914 N W 13TH STREET GAINESVILLE, FL 32601</b>			Mailing Address <b>1240 NW 11TH AVE STE B GAINESVILLE, FL 32601</b>		
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 <b>23-7400545</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>HEAD-KNUDSON, LAURA 1240 NW 11TH AVE., STE M GAINESVILLE, FL 32601</b>			Name  Street Address (P.O. Box Number is Not Acceptable) <b>1240 NW 11th Ave., Ste B</b>  City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	CD <input checked="" type="checkbox"/> Delete		TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHARLES, FLOYD		NAME	Phyllis Meek	
STREET ADDRESS	914 NW 13TH ST		STREET ADDRESS	914 NW 13th Street	
CITY-ST-ZIP	GAINESVILLE, FL 32601		CITY-ST-ZIP	Gainesville, FL 32601 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	SD <input checked="" type="checkbox"/> Delete		TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEE, HERTERCENE		NAME	Rachel Bishop-Cook (same address)	
STREET ADDRESS	914 NW 13TH STREET		STREET ADDRESS	same address	
CITY-ST-ZIP	GAINESVILLE, FL		CITY-ST-ZIP	same address	
TITLE	TD <input type="checkbox"/> Delete		TITLE	CED <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHAMIS, JEFF		NAME	Jane Neshit	
STREET ADDRESS	914 NW 13TH ST		STREET ADDRESS	same address	
CITY-ST-ZIP	GAINESVILLE, FL 32601		CITY-ST-ZIP	same address	
TITLE	CED <input checked="" type="checkbox"/> Delete		TITLE	CED <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MEEKS, PHYLLIS		NAME	same address	
STREET ADDRESS	914 NW 13TH ST		STREET ADDRESS	same address	
CITY-ST-ZIP	GAINESVILLE, FL 32601		CITY-ST-ZIP	same address	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I 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 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.					
<b>SIGNATURE:</b> 			Laura Knudson President/CEO		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>1/12/04</b> Daytime Phone # <b>352-377-0856</b>		