

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729990

FILED
Feb 19, 2008
Secretary of State

Entity Name: PLANNED PARENTHOOD OF NORTH CENTRAL FLORIDA, INC.

Current Principal Place of Business:

914 N W 13TH STREET
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

1240 NW 11TH AVE
STE B
GAINESVILLE, FL 32601

New Mailing Address:

4010 W NEWBERRY RD
SUITE F
GAINESVILLE, FL 32607

FEI Number: 23-7400545

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FOX, STACI L
1240 NW 11TH AVE
STE B
GAINESVILLE, FL 32601 US

Name and Address of New Registered Agent:

FOX, STACI L
4010 W NEWBERRY RD
SUITE F
GAINESVILLE, FL 32607 US

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: _____

02/19/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: AUTH, JOANNE
Address: 914 NW 13TH STREET
City-St-Zip: GAINESVILLE, FL 32601

Title: SD () Delete
Name: MCCRAY, ILEANA
Address: 914 NW 13TH STREET
City-St-Zip: GAINESVILLE, FL 32601

Title: TD () Delete
Name: SHAMIS, JEFF
Address: 914 NW 13TH ST
City-St-Zip: GAINESVILLE, FL 32601

Title: CED () Delete
Name: BOLES, JANE
Address: 914 NW 13TH ST
City-St-Zip: GAINESVILLE, FL 32601

Title: CEO () Delete
Name: FOX, STACI L
Address: 5703 SW 10 PL
City-St-Zip: GAINESVILLE, FL 32607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: HERBSTMAN, BARBARA
Address: 914 NW 13TH STREET
City-St-Zip: GAINESVILLE, FL 32601

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: STACI L FOX

CEO

02/19/2008

Electronic Signature of Signing Officer or Director

Date