FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 23 PM 1:06

DOCUMENT # 731893 (4)

1. Corporation Name

PLANNED PARENTHOOD OF GREATER MIAMI, INC.

Principal Place of Business	Mailing Address
2900 BRIDGEPORT AVE #300 COCONUT GROVE FL 33133	2900 BRIDGEPORT AVE #300 COCONUT GROVE FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/18/1975
3a. Date of Last Report: 02/17/1994
4. FEI Number: 59-1642041 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

DEFILLIPO, VALERIE
2900 BRIDGEPORT AVE.
SUITE 320
COCONUT GROVE, FL 33133

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 607.0502 and 607.1508, 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 607.0505, 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	V	11 TITLE	P D Change ☒ Addition ☐
NAME	~~HECTOR, NANCY~~	12 NAME	~~Reed, Donna~~ Pearson, ANNE
STREET ADDRESS	~~3507 ST. GAUDENS RD.~~	13 STREET ADDRESS	~~711 Robles Ave~~, 1000 HARDEE RD
CITY-ST-ZIP	~~COCONUT GROVE, FL~~	14 CITY-ST-ZIP	~~Coral Gables Fl 33146~~ Coral Gables, 33146
TITLE	P	21 TITLE	V D Change ☒ Addition ☒
NAME	~~BOULHAC, PETER W.~~	22 NAME	Houlihan, Gerald
STREET ADDRESS	~~FIRST UNION NAT'L BK, 15TH FL.~~	23 STREET ADDRESS	1111 Placetas Ave
CITY-ST-ZIP	~~MIAMI, FL~~	24 CITY-ST-ZIP	Coral Gables Fl 33146
TITLE	SD	31 TITLE	S D Change ☒ Addition ☒
NAME	~~PEARSON, ANNE~~	32 NAME	Johnson, Elizabeth P.
STREET ADDRESS	~~1000 HARDEE RD.~~	33 STREET ADDRESS	630 Campana Ave
CITY-ST-ZIP	~~CORAL GABLES, FL~~	34 CITY-ST-ZIP	Coral Gables Fl 33156
TITLE	D	41 TITLE	T D Change ☒ Addition ☒
NAME	~~SWENSON, EDWARD F. JR.~~	42 NAME	Cohen, Victoria
STREET ADDRESS	~~2099 BAYSHORE DR., #F-800~~	43 STREET ADDRESS	Two Grove Isle Drive
CITY-ST-ZIP	~~COCONUT GROVE, FL~~	44 CITY-ST-ZIP	Coconut Grove Fl 33133
TITLE	DT	51 TITLE	D, Shahan D. Change ☒ Addition ☒
NAME	~~BATTEN, JEAN~~	52 NAME	Jean D. ~~Stratton~~
STREET ADDRESS	~~4000 KIAORA ST.~~	53 STREET ADDRESS	7910 Red Road # 22F
CITY-ST-ZIP	~~COCONUT GROVE, FL~~	54 CITY-ST-ZIP	S. Miami Fl 33143
TITLE	PD	61 TITLE	P D Change ☒ Addition ☐
NAME	~~SNYDER, NATALIE~~	62 NAME	Hector, Nancy
STREET ADDRESS	~~6000 SUNSET DR #400~~	63 STREET ADDRESS	3507 ST. GAUDENS Road
CITY-ST-ZIP	~~S. MIAMI FL~~	64 CITY-ST-ZIP	Coconut Grove Fl. 33133

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: X Valerie DeFillipo, Executive Director 5/1/95 (305)441-6677
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

Valerie DeFillipo, Executive Director

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