

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 19, 1996 08:00 AM
Secretary of State

DOCUMENT # 731893 (4)
1. Corporation Name

PLANNED PARENTHOOD OF GREATER MIAMI, INC.



Principal Place of Business
2900 BRIDGEPORT AVE.
SUITE 320
COCONUT GROVE FL 33133

Mailing Address
2900 BRIDGEPORT AVE.
SUITE 320
COCONUT GROVE FL 33133

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

30 Zip Country

3. Date Incorporated or Qualified
02/18/1975

3a. Date of Last Report
05/23/1995

4. FEI Number
59-1642041

Applied For
Not Applicable

5. Certificate of Status Desired
6. Election Campaign Financing
Trust Fund Contribution

\$8.75 Additional
Fee Required

\$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

10. Name and Address of New Registered Agent

JOHNSON, ELIZABETH P ESQ.
2900 BRIDGEPORT AVE.
SUITE 320
COCONUT GROVE, FL 33133

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

Signature typed or printed name of registered agent, if that agent is available

(NOTE: Registered Agent signature required when not submitted)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME PEARSON, ANNE
STREET ADDRESS 1000 HARDEE RD
CITY-ST-ZIP CORAL GABLES FL

TITLE VD
NAME HOULIHAN, GERALD
STREET ADDRESS 1111 PLACETOS AVE
CITY-ST-ZIP CORAL GABLES FL

TITLE SD
NAME JOHNSON, ELIZABETH P
STREET ADDRESS 630 COMPANA AVE
CITY-ST-ZIP CORAL GABLES, FL

TITLE TD
NAME COHEN, VICTORIA
STREET ADDRESS TWO GROVE ISLE DR
CITY-ST-ZIP COCONUT GROVE, FL

TITLE D
NAME SHEHANI, JEAN D
STREET ADDRESS 7800 RED RD 224
CITY-ST-ZIP S MIAMI FL

TITLE PD
NAME HECTOR, NANCY
STREET ADDRESS 3507 ST GAUDENS RD
CITY-ST-ZIP COCONUT GROVE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

822 ALFONSO AVE

SHEHAN

(Spelling)

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)(k), 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 unchanged, or on an attachment with an address.

SIGNATURE:

X Nancy B Hector

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Nancy B. Hector, President

5/9/96

446-2353

CR2E037 (12/95)