

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra S. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

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 33133-3606
---	--

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/18/1975	3a. Date of Last Report 04/19/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1642041		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Zip	28 Zip	Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	25	29	30		

9. Name and Address of Current Registered Agent JOHNSON, ELIZABETH P ESQ. 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	
		85 Zip Code FL	

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEARSON, ANNE	1.2 NAME	SARAH Wiener
STREET ADDRESS	1000 HARDEE RD	1.3 STREET ADDRESS	950 BAYAMO AVE
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	CORAL GABLES FL 33146
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOULIHAN, GERALD	2.2 NAME	
STREET ADDRESS	822 ALFONSO AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, ELIZABETH P	3.2 NAME	
STREET ADDRESS	630 COMPANA AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, VICTORIA	4.2 NAME	
STREET ADDRESS	TWO GROVE ISLE DR	4.3 STREET ADDRESS	ONE GROVE ISLE DR #1205
CITY-ST-ZIP	COCONUT GROVE, FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEHAN, JEAN D	5.2 NAME	
STREET ADDRESS	7800 RED RD 224	5.3 STREET ADDRESS	
CITY-ST-ZIP	S MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HECTOR, NANCY	6.2 NAME	Edward F. Swenson Jr
STREET ADDRESS	3507 ST GAUDENS RD	6.3 STREET ADDRESS	2699 S. BAYSHORE DR.
CITY-ST-ZIP	COCONUT GROVE FL	6.4 CITY-ST-ZIP	#800f COCONUT GROVE, FL 33133

14. I do 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 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 of this report.

SIGNATURE: *Valerie Desjardins* Executive Director
3/26/97 (305) 441-6677
Date Daytime Phone # 0026872

CR2E037 (9/96)