

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738556

FILED  
May 03, 2005  
Secretary of State

**Entity Name:** FLORIDA ASSOCIATION OF PLANNED PARENTHOOD AFFILIATES, INC.

**Current Principal Place of Business:**

317 EAST PARK AVENUE  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

317 EAST PARK AVENUE  
TALLAHASSEE, FL 32301

**New Mailing Address:**

**FEI Number:** 59-1741900      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

GUTMAN, STEPHANIE  
317 EAST PARK AVENUE  
TALLAHASSEE, FL 32301      US

**Name and Address of New Registered Agent:**

GRUTMAN, STEPHANIE  
317 EAST PARK AVENUE  
TALLAHASSEE, FL 32301      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: STEPHANIE GRUTMAN

05/03/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: TAMAYO, LILLIAN  
Address: 5312 BROADWAY  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: TD      ( ) Delete  
Name: CAPABIANCO, MARY  
Address: 455 NW 35TH STREET  
City-St-Zip: BOCA RATON, FL 33431

Title: VD      ( ) Delete  
Name: WENDEL, CHARLENE  
Address: 1425 CREECH ROAD  
City-St-Zip: NAPLES, FL 34103

Title: SD      ( ) Delete  
Name: ZDRAVECKY, BARBARA  
Address: 1958 PROSPECT ST  
City-St-Zip: SARASOTA, FL 34239

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD      (X) Change ( ) Addition  
Name: WENDEL, CHARLENE  
Address: 1425 CREECH ROAD  
City-St-Zip: NAPLES, FL 34103

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

Title: VD      (X) Change ( ) Addition  
Name: IDTENSOHN, SUE  
Address: 1350 W COLONIAL DR  
City-St-Zip: ORLANDO, FL 32804

Title: SD      (X) Change ( ) Addition  
Name: STIGER, CAROL ANN  
Address: 3850 BEACH BLVD  
City-St-Zip: JACKSONVILLE, FL 32207

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CHARLENE WENDEL

PD

05/03/2005

Electronic Signature of Signing Officer or Director

Date