

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738556

FILED
Jul 07, 2008
Secretary of State

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

Current Principal Place of Business:

330 CLEMATIS STREET
SUITE 212
WEST PALM BEACH, FL 33401

New Principal Place of Business:

6623 GATEWAY AVE.
UNIT A
SARASOTA, FL 34231

Current Mailing Address:

330 CLEMATIS STREET
SUITE 212
WEST PALM BEACH, FL 33401

New Mailing Address:

6623 GATEWAY AVE.
UNIT A
SARASOTA, FL 34231

FEI Number: 59-1741900 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

GRUTMAN, STEPHANIE
330 CLEMATIS STREET
SU 212
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

KIMMELL, ADRIENNE
6623 GATEWAY AVE.
UNIT A
SARASOTA, FL 34231 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: ADRIENNE KIMMELL

07/07/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: IDTENSOHN, SUE
Address: 726 SOUTH TAMPA AVE
City-St-Zip: ORLANDO, FL 32805

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

Title: VD () Delete
Name: ZDRAVECKY, BARBARA
Address: 2055 WOOD ST, SU 110
City-St-Zip: SARASOTA, FL 34237

Title: SD (X) Delete
Name: STEIGER, CAROLE ANN
Address: 3850 BEACH BLVD
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ZDRAVECKY, BARBARA
Address: 2055 WOOD STREET, SUITE 100
City-St-Zip: SARASOTA, FL 34237

Title: TD (X) Change () Addition
Name: FOX, STACI
Address: 4010 NEWBERRY STREET, STE F
City-St-Zip: GAINESVILLE, FL 32607

Title: SD (X) Change () Addition
Name: IDTENSOHN, SUE
Address: 726 S. TAMPA DRIVE
City-St-Zip: ORLANDO, FL 32805

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: ADRIENNE KIMMELL

ED

07/07/2008

Electronic Signature of Signing Officer or Director

Date