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Mar 10, 1999 8:00 am
Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 751600

1. Corporation Name

PLANNED PARENTHOOD OF SOUTH PALM BEACH AND BROWARD COUNTIES, INC.

Principal Place of Business

455 NW 35TH STREET
 BOCA RATON FL 33431

Mailing Address

455 NW 35TH STREET
 BOCA RATON FL 33431



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

03/19/1980

4. FEI Number

59-1989443

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

9. Name and Address of Current Registered Agent

SCHUTTLE, HOLLY DAVIDSON
801 PERIWINKLE ST
BOCA RATON FL 33486

10. Name and Address of New Registered Agent

81 Name **JOSEPH LAWANDA**
 82 Street Address (P.O. Box Number is Not Acceptable) **2412 SW 23 Cranbrook Drive**
 83 **Boynton Beach**
 84 City **FL** 85 Zip Code **33436**

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]*
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1-6-99
 DATE

12. OFFICERS AND DIRECTORS

TITLE **PDC** ☒ DELETE
 NAME **SANDERS, ELLEN M**
 STREET ADDRESS **654 BOCA MARINA CT**
 CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE **VDVC** ☐ DELETE
 NAME **JOSEPH, LAWANDA**
 STREET ADDRESS **2412 SW 23 CRABROOK DR**
 CITY-ST-ZIP **BOYNTON BEACH FL 33436**

TITLE **SDS** ☒ DELETE
 NAME **SCHUTTLE, HOLLY D**
 STREET ADDRESS **801 PERIWINKLE ST**
 CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VDVC Vice Chair** ☐ Change ☒ Addition
 1.2 NAME **Lara Friedkin**
 1.3 STREET ADDRESS **7267 Mandarin Dr.**
 1.4 CITY-ST-ZIP **Boca Raton, FL 33433**

2.1 TITLE **PDC CHAIR** ☒ Change ☐ Addition
 2.2 NAME **JOSEPH, LAWANDA**
 2.3 STREET ADDRESS **2412 SW 23 Cranbrook Drive**
 2.4 CITY-ST-ZIP **Boynton Beach, FL 33436**

3.1 TITLE **SDS Secretary** ☐ Change ☒ Addition
 3.2 NAME **Vivian Burch**
 3.3 STREET ADDRESS **7469 Kingsley Ct.**
 3.4 CITY-ST-ZIP **Lake Worth, FL 33467**

4.1 TITLE ☐ Change ☐ Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I 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 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-99
 Date

1-954-925-8119
 Daytime Phone #

CR2E037 (11/98)