


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90230 013 ****61.25

DOCUMENT # 845293 1. Entity Name PLANNED PARENTHOOD FEDERATION OF AMERICA, INC.					
Principal Place of Business 434 W 33RD STREET NEW YORK, NY 10001			Mailing Address 434 W 33RD STREET NEW YORK, NY 10001		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 13-1644147	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS ST. TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. 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. I am familiar with, and accept the obligations of registered agent.				FL Zip Code	
SIGNATURE <u>N/A</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C LOVE, LA DON 434 W 33RD STREET NEW YORK, NY 10001				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC KARL, LUCY J 434 W 33RD STREET NEW YORK, NY 10001				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T YOUNG, JAMES D 434 W 33RD STREET NEW YORK, NY 10001				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VINAMURI, GETTMAN, JILL 434 W 33RD STREET NEW YORK, NY 10001				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS OTTEN, BETH 434 W 33RD STREET NEW YORK, NY 10001				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT MACHARICK, JEFFREY 434 W 33RD ST NEW YORK, NY 10001				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Esperanza Garcia Walters				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jennifer A. Barefoot				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lida L. Coleman				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assist. Sec. Francine Stein				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jankie Beharry				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Jankie Beharry</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: <u>4/12/06</u> Daytime Phone #: <u>212-541-7800</u>					

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