

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 05, 2009
Secretary of State**

DOCUMENT# 845293

Entity Name: PLANNED PARENTHOOD FEDERATION OF AMERICA, INC.

Current Principal Place of Business:

434 W 33RD STREET
NEW YORK, NY 10001

New Principal Place of Business:

Current Mailing Address:

434 W 33RD STREET
NEW YORK, NY 10001

New Mailing Address:

FEI Number: 13-1644147 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: MARKS, ELENA
Address: 434 W 33RD STREET
City-St-Zip: NEW YORK, NY 10001

Title: VC () Delete
Name: DEWITT, DEBORAH
Address: 434 W 33RD STREET
City-St-Zip: NEW YORK, NY 10001

Title: T () Delete
Name: COLEMAN, LIDA L
Address: 434 W 33RD STREET
City-St-Zip: NEW YORK, NY 10001

Title: S () Delete
Name: CALDWELL-JOHNSON, TERE
Address: 434 W 33RD STREET
City-St-Zip: NEW YORK, NY 10001

Title: AS () Delete
Name: OTTEN, BETH
Address: 434 W 33RD STREET
City-St-Zip: NEW YORK, NY 10001

Title: AT () Delete
Name: BEHARRY, JANKIE
Address: 434 W 33RD ST
City-St-Zip: NEW YORK, NY 10001

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: SUSIE MCCLAIN

LA

03/05/2009

Electronic Signature of Signing Officer or Director

Date