

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000003054

FILED
Apr 16, 2007
Secretary of State

Entity Name: THE PLANNED PARENTHOOD FOUNDATION, INC.

Current Principal Place of Business:

434 W. 33RD ST.
NEW YORK, NY 10001

New Principal Place of Business:

Current Mailing Address:

434 W. 33RD ST.
NEW YORK, NY 10001

New Mailing Address:

FEI Number: 13-3772613

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
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: CEO () Delete
Name: RICHARDS, CECILE
Address: 434 W. 33RD ST.
City-St-Zip: NEW YORK, NY 10001

Title: AS () Delete
Name: STEIN, FRANCINE
Address: 434 W. 33RD ST.
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

Title: C () Delete
Name: SCHOFIELD, DOUGLAS F
Address: 434 W. 33RD ST.
City-St-Zip: NEW YORK, NY 10001

Title: S () Delete
Name: CHESLER, ELLEN PHD
Address: 434 W. 33RD ST.
City-St-Zip: NEW YORK, NY 10001

Title: T () Delete
Name: CUMMING, ANNETTE
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: AS (X) Change () Addition
Name: OTTEN, BETH
Address: 434 W. 33RD ST.
City-St-Zip: NEW YORK, NY 10001

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
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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, COPILEVITZ & CANTER

AGT

04/16/2007

Electronic Signature of Signing Officer or Director

Date