

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007270

FILED
Apr 29, 2009
Secretary of State

Entity Name: PLANNED PARENTHOOD ACTION FUND OF SOUTH FLORIDA AND THE TREASURE COAST, INC.

Current Principal Place of Business:

2300 NORTH FLORIDA MANGO ROAD
WEST PALM BEACH, FL 33409

New Principal Place of Business:

Current Mailing Address:

2300 NORTH FLORIDA MANGO ROAD
WEST PALM BEACH, FL 33409

New Mailing Address:

FEI Number: 90-0407890

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TAMAYO, LILLIAN
2300 NORTH FLORIDA MANGO ROAD
WEST PALM BEACH, FL 33409 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: D () Delete
Name: BROWN, CYNTHIA
Address: 2300 NORTH FLORIDA MANGO ROAD
City-St-Zip: WEST PALM BEACH, FL 33409

Title: DS () Delete
Name: MARTEL, LESLIE
Address: 2300 NORTH FLORIDA MANGO ROAD
City-St-Zip: WEST PALM BEACH, FL 33409

Title: DT () Delete
Name: BAREFOOT, NATALIE
Address: 2300 NORTH FLORIDA MANGO ROAD
City-St-Zip: WEST PALM BEACH, FL 33409

Title: D () Delete
Name: COHAN, EVELYN
Address: 2300 NORTH FLORIDA MANGO ROAD
City-St-Zip: WEST PALM BEACH, FL 33409

Title: D (X) Delete
Name: CURTIS, CHRISTINE
Address: 2300 NORTH FLORIDA MANGO ROAD
City-St-Zip: WEST PALM BEACH, FL 33409

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: D (X) Change () Addition
Name: CURTIS, CHRISTINE
Address: 2300 NORTH FLORIDA MANGO ROAD
City-St-Zip: WEST PALM BEACH, FL 33409

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: CYNTHIA BROWN

D

04/29/2009

Electronic Signature of Signing Officer or Director

Date