

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 09, 2005 08:00 AM
Secretary of State

DOCUMENT # N27776

1. Entity Name
PLANNED PETHOOD OF AMERICA, INC.



Principal Place of Business
**13749 N.W. 7TH AVENUE
NORTH MIAMI, FL 33168 US**

Mailing Address
**13749 N.W. 7TH AVENUE
NORTH MIAMI, FL 33168 US**



04292005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0103860

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROSE, BEA LOUISE
1902 NE 119TH RD.
NO. MIAMI, FL 33181**

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
MULLOY, GARDNAR
800 N.W. 9TH AVENUE
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
ROSE, BEA
1902 N.E. 119TH ROAD
N. MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**2VP
WILLIAMS, MARY KAY
9339 S.W. 150TH STREET
MIAMI, FL 33176**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**STVD
ATCHISON, VIVIAN
145 N E 129TH STREET
N. MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000364775
05/09/05-80010-002 61.25

**DO NOT WRITE
IN THIS SPACE**

12. 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 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: Bea L Rose
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/05
Date

305-687-7729
Daytime Phone #