

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90271 002 ****61.25

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**

40086599



04212006 No Chg-NP CR2E037 (11/05)

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MULLOY, GARDNAR
STREET ADDRESS	800 N.W. 9TH AVENUE
CITY-ST-ZIP	MIAMI, FL
TITLE	VD
NAME	ROSE, BEA
STREET ADDRESS	1902 N.E. 119TH ROAD
CITY-ST-ZIP	N. MIAMI, FL
TITLE	2nd Vice Secretary/Treasurer
NAME	WILLIAMS, MARY KAY Doris Schenk #
STREET ADDRESS	9339 S.W. 150TH STREET
CITY-ST-ZIP	MIAMI, FL 33176 Aventura, FL 33180
TITLE	2nd Vice President
NAME	ATCHISON, VIVIAN
STREET ADDRESS	145 N E 129TH STREET
CITY-ST-ZIP	N. MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption 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:

Bea Rose

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/06 305-687-7729

Date

Daytime Phone #