


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90213 023 \*\*\*\*61.25

<b>DOCUMENT # N45862</b> 1. Entity Name <b>PLANNED PARENTHOOD OF GREATER ORLANDO, INC.</b>					
Principal Place of Business <b>1350 W. COLONIAL DR ORLANDO, FL 32804 US</b>				Mailing Address <b>1350 W. COLONIAL DR ORLANDO, FL 32804 US</b>	
2. Principal Place of Business <b>726 S. TAMPA AVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>726 S. TAMPA AVE</b> Suite, Apt. #, etc.		4. FEI Number <b>59-3092996</b>	
City & State <b>ORLANDO FL</b>		City & State <b>ORLANDO FL</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>32805</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>RODMAN IDTENSOHN, SUSAN 1350 W COLONIAL DR ORLANDO, FL 32804</b>				7. Name and Address of New Registered Agent Name <b>SUSAN RODMAN IDTENSOHN</b> Street Address (P.O. Box Number is Not Acceptable) <b>726 S. TAMPA AVE.</b> City <b>ORLANDO</b> FL Zip Code <b>32805</b>	
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 <u><i>Susan Rodman</i></u> DATE <u>2/9/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BCD BLACKMUN, SALLY 6000 LAKE ELLENOR DR ORLANDO, FL 32809 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEVITT, MARA 201 E. PINE STREET, 11TH FLOOR ORLANDO, FL 32801 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITHER, JANAN 1120 S. LAKE SYBELIA DR. MAITLAND, FL 32751 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ABRAMSON, SUZAN 255 S. ORANGE AVENUE 17TH FLOOR ORLANDO, FL 32801 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JEPSON, CHRIS 783 TEMPLE TERRACE OVIEDO, FL 32765 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions 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: <u><i>Susan Rodman</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>2/9/06</u> Daytime Phone # <u>407-481-0696</u>		