

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 16, 2007 8:00 am**  
**Secretary of State**

07-16-2007 90122 048 \*\*\*\*70.00

<b>DOCUMENT # N46685</b>					
<b>1. Entity Name</b> PLANNED PARENTHOOD VOICE FOR CHOICE ACTION FUND OF SOUTH PALM BEACH AND BROWARD COUNTIES, INC.					
<b>Principal Place of Business</b> 455 NW 35TH STREET BOCA RATON, FL 33431 US			<b>Mailing Address</b> 455 NW 35TH STREET BOCA RATON, FL 33431 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-0330994	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  CAPOBIANCO, MARY 455 NW 35TH STREET BOCA RATON, FL 33431			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>		
<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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 14, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> C <b>NAME</b> WENDY, TAYLOR <b>STREET ADDRESS</b> 455 NW 35TH STREET <b>CITY - ST - ZIP</b> BOCA RATON, FL 33431	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> Staff <b>NAME</b> Capobianco, Mary <b>STREET ADDRESS</b> 455 NW 35th Street <b>CITY - ST - ZIP</b> Boca Raton, FL 33431	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> VC <b>NAME</b> BURCH, VIVIAN <b>STREET ADDRESS</b> 455 NW 35TH STREET <b>CITY - ST - ZIP</b> BOCA RATON, FL 33431	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> Staff <b>NAME</b> Lynn, Patti <b>STREET ADDRESS</b> 455 NW 35 Street <b>CITY - ST - ZIP</b> Boca Raton, FL 33431	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> T <b>NAME</b> FRIEDKIN, SKEETS <b>STREET ADDRESS</b> 455 NW 35TH STREET <b>CITY - ST - ZIP</b> BOCA RATON, FL 33431	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> Staff <b>NAME</b> Yagoda, Anne Grossman <b>STREET ADDRESS</b> 455 NW 35 Street <b>CITY - ST - ZIP</b> Boca Raton, FL 33431	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> BM <b>NAME</b> GAY-HUE, AVA <b>STREET ADDRESS</b> 455 NW 35TH STREET <b>CITY - ST - ZIP</b> BOCA RATON, FL 33431	<input checked="" type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> BM <b>NAME</b> BOYLE, JANET <b>STREET ADDRESS</b> 455 NW 35TH STREET <b>CITY - ST - ZIP</b> BOCA RATON, FL 33431	<input type="checkbox"/> Delete		<b>TITLE</b> Vice-Chair <b>NAME</b> Boyle, Janet <b>STREET ADDRESS</b> 455 NW 35 Street <b>CITY - ST - ZIP</b> Boca Raton, FL 33431	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> BM <b>NAME</b> WITT, ROBIN <b>STREET ADDRESS</b> 455 NW 35TH STREET <b>CITY - ST - ZIP</b> BOCA RATON, FL 33431	<input type="checkbox"/> Delete		<b>TITLE</b> Chair <b>NAME</b> Witt, Robin <b>STREET ADDRESS</b> 455 NW 35 Street <b>CITY - ST - ZIP</b> Boca Raton, FL 33431	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 7/16/07      561-394-3540 <small>Daytime Phone #</small>		

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