

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 28, 2008 8:00 am
Secretary of State

05-28-2008 90014 007 ****61.25

DOCUMENT # N46685

1. Entity Name

**PLANNED PARENTHOOD VOICE FOR CHOICE ACTION
FUND OF SOUTH PALM BEACH AND BROWARD**



Principal Place of Business

455 NW 35TH STREET
BOCA RATON FL 33431
US

Mailing Address

455 NW 35TH STREET
BOCA RATON FL 33431
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

65-0330994

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAPOBIANCO, MARY
455 NW 35TH STREET
BOCA RATON FL 33431

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	S	CAPOBIANCO, MARY	<input checked="" type="checkbox"/> Delete
NAME		455 NW 35TH STREET	
STREET ADDRESS		BOCA RATON FL 33431	
CITY-ST-ZIP			
TITLE	S	LYNN, PATTI	<input checked="" type="checkbox"/> Delete
NAME		455 NW 35TH STREET	
STREET ADDRESS		BOCA RATON FL 33431	
CITY-ST-ZIP			
TITLE	S	YOGUDA, ANNE GROSSMAN	<input checked="" type="checkbox"/> Delete
NAME		455 NW 35TH STREET	
STREET ADDRESS		BOCA RATON FL 33431	
CITY-ST-ZIP			
TITLE	VC	BOYLE, JANET	<input type="checkbox"/> Delete
NAME		455 NW 35TH STREET	
STREET ADDRESS		BOCA RATON FL 33431	
CITY-ST-ZIP			
TITLE	C	WITT, ROBIN	<input checked="" type="checkbox"/> Delete
NAME		455 NW 35TH STREET	
STREET ADDRESS		BOCA RATON FL 33431	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	Alex Arreaza	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		680 Rockhill Ave	
STREET ADDRESS		DAVID FL 33325	
CITY-ST-ZIP			
TITLE	P	Ruth Lynch	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2060 NW 48 Terrace #207	
STREET ADDRESS		Lauderhill FL 33313	
CITY-ST-ZIP			
TITLE	D	Thom Bambenek	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		300 S Pine Island Rd Ste 109	
STREET ADDRESS		Plantation FL 33324	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Ruth Lynch

04/29/08

954-612-7592