

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49946

FILED
Apr 07, 2009
Secretary of State

Entity Name: FLORIDA ALLIANCE OF PLANNED PARENTHOOD AFFILIATES, INC.

Current Principal Place of Business:

6623 GATEWAY AVENUE
UNIT A
SARASOTA, FL 34231 US

New Principal Place of Business:

Current Mailing Address:

6623 GATEWAY AVENUE
UNIT A
SARASOTA, FL 34231 US

New Mailing Address:

FEI Number: 59-3142119

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KIMMELL, ADRIENNE
6623 GATEWAY AVENUE
UNIT A
SARASOTA, FL 34231 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HUCKSHORN, CAROLYN
Address: 1221 SW 13TH PL
City-St-Zip: BOCA RATON, FL 33486

Title: VD () Delete
Name: HENRY, KATE
Address: 708 TURKEY OAK LANE
City-St-Zip: NAPLES, FL 34108

Title: TD () Delete
Name: FOX, STACI
Address: 4010 W. NEWBERRY ROAD
City-St-Zip: GAINESVILLE, FL 32607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: HENRY, KATE
Address: 708 TURKEY OAK LANE
City-St-Zip: NAPLES, FL 34108

Title: TR (X) Change () Addition
Name: FOX, STACI
Address: 4010 W. NEWBERRY ROAD
City-St-Zip: GAINESVILLE, FL 32607

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADRIENNE L. KIMMELL

ED

04/07/2009

Electronic Signature of Signing Officer or Director

Date