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Jun 10 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000005295 (1)

1. Corporation Name

PLANNED PARENTHOOD OF COLLIER COUNTY, INC
NIC 5-8-97

Principal Place of Business

Mailing Address

900 5TH AVENUE NORTH
NAPLES FL 33940

900 5TH AVENUE NORTH
NAPLES FL 34102-5817

3. Date Incorporated or Qualified
11/22/1993

3a. Date of Last Report
07/03/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
65-0450515

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WENDEL, CHARLENE A
900 5TH AVENUE NORTH
NAPLES FL 33940

81 Name

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

83

84 City

FL 85 Zip Code
34102

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME LARRINGTON, BONNIE
STREET ADDRESS 1900 GALLEON DR.
CITY-ST-ZIP NAPLES FL 33940 ☐ DELETE

1.1 TITLE PD
1.2 NAME LARRINGTON, Bonnie
1.3 STREET ADDRESS 1900 Galleon Drive
1.4 CITY-ST-ZIP NAPLES, FL 34102 ☒ Change ☐ Addition
last name misspelled

TITLE SD
NAME SCHWARTZ, BETSY
STREET ADDRESS 593 COUNTRY WALK COURT
CITY-ST-ZIP NAPLES FL 33942 ☒ DELETE

2.1 TITLE SD
2.2 NAME BARTON, Polly
2.3 STREET ADDRESS P.O. Box 7279 - N/A
2.4 CITY-ST-ZIP Naples, FL 34101 ☐ Change ☒ Addition

TITLE TD
NAME HILL, WILLIAM R
STREET ADDRESS 2375 TAMiami FRail, N
CITY-ST-ZIP NAPLES FL 33940 ☒ DELETE

3.1 TITLE TD
3.2 NAME REYNOLDS, Nancy
3.3 STREET ADDRESS 4501 Tamiami & Pine North
3.4 CITY-ST-ZIP Naples FL 34103 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

4.1 TITLE SD
4.2 NAME Ryan, Val
4.3 STREET ADDRESS 691 York Terrace
4.4 CITY-ST-ZIP Naples, FL ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE
5.2 NAME Charlene Wendel
5.3 STREET ADDRESS 900 5th Avenue North
5.4 CITY-ST-ZIP Naples, FL 34102 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME 600002211846
6.3 STREET ADDRESS -06/13/97--01088--020
6.4 CITY-ST-ZIP ***61.25 ☐ Change ☐ Addition
PE 6.10

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, unchanged, or on an attachment with an address.

CR2E037 (9/96)