

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 04 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N93000005295 (1)**
1. Corporation Name

PLANNED PARENTHOOD OF COLLIER COUNTY, INC.



| | |
|--|--|
| Principal Place of Business 900 5TH AVENUE NORTH NAPLES FL 33940 | Mailing Address 900 5TH AVENUE NORTH NAPLES FL 33940 |
|--|--|

3. Date Incorporated or Qualified

11/22/1993

4. FEI Number

65-0450515

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|--------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | YARRINGTON, BONNIE | |
| STREET ADDRESS | 1900 GALLEON DR. | |
| CITY-ST-ZIP | NAPLES FL 33940 | |

| | | | |
|--------------------|---------------------|--|----------|
| 1.1 TITLE | PD | <input checked="" type="checkbox"/> Change | Addition |
| 1.2 NAME | BARTON, POLLY | | |
| 1.3 STREET ADDRESS | P.O. Box 7279 - N/A | | |
| 1.4 CITY-ST-ZIP | Naples, FL 34101 | | |

| | | |
|----------------|-------------------|--|
| TITLE | VD | <input checked="" type="checkbox"/> DELETE |
| NAME | BARTON, POLLY | |
| STREET ADDRESS | P.O. BOX 7279-N/A | |
| CITY-ST-ZIP | NAPLES FL 34101 | |

| | | | |
|--------------------|----------------------|---------------------------------|--|
| 2.1 TITLE | VD | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Abernathy, Jay | | |
| 2.3 STREET ADDRESS | 1022 Sperling Avenue | | |
| 2.4 CITY-ST-ZIP | Naples, FL 34103 | | |

| | | |
|----------------|-------------------------|---------------------------------|
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | REYNOLDS, NANCY | |
| STREET ADDRESS | 4501 TAMAMI TRAIL NORTH | |
| CITY-ST-ZIP | NAPLES FL 34103 | |

| | | | |
|--------------------|--|---------------------------------|-----------------------------------|
| 3.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 3.2 NAME | | | |
| 3.3 STREET ADDRESS | | | |
| 3.4 CITY-ST-ZIP | | | |

| | | |
|----------------|------------------|---------------------------------|
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | RYAN, VAL | |
| STREET ADDRESS | 691 YORK TERRACE | |
| CITY-ST-ZIP | NAPLES FL | |

| | | | |
|--------------------|--|---------------------------------|-----------------------------------|
| 4.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 4.2 NAME | | | |
| 4.3 STREET ADDRESS | | | |
| 4.4 CITY-ST-ZIP | | | |

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | C | <input type="checkbox"/> DELETE |
| NAME | WENDEL, CHARLENE | |
| STREET ADDRESS | 900 FIFTH AVENUE NORTH | |
| CITY-ST-ZIP | NAPLES FL 34102 | |

| | | | |
|--------------------|--|---------------------------------|-----------------------------------|
| 5.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 5.2 NAME | | | |
| 5.3 STREET ADDRESS | | | |
| 5.4 CITY-ST-ZIP | | | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | | |
|--------------------|--|---------------------------------|-----------------------------------|
| 6.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 6.2 NAME | | | |
| 6.3 STREET ADDRESS | | | |
| 6.4 CITY-ST-ZIP | | | |

14. I 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 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE REQUIRED

1126198

(941) 262-8923

CR2E037 (10/97)