

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005295

FILED
Feb 06, 2004
Secretary of State**Entity Name:** PLANNED PARENTHOOD OF COLLIER COUNTY, INC.**Current Principal Place of Business:**1425 CREECH ROAD
NAPLES, FL 34103**New Principal Place of Business:****Current Mailing Address:**1425 CREECH ROAD
NAPLES, FL 34103**New Mailing Address:****FEI Number:** 65-0450515**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**WENDEL, CHARLENE A
900 5TH AVENUE NORTH
NAPLES, FL 33940 US**Name and Address of New Registered Agent:**WENDEL, CHARLENE A
1425 CREECH ROAD
NAPLES, FL 34103 US

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: _____

02/06/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GRANT, LAIRD I
Address: 8960 BAY COLONY DRIVE 1102
City-St-Zip: NAPLES, FL 34108

Title: VD () Delete
Name: GERTNER, MARC
Address: 235 COLONA DR CIR.
City-St-Zip: NAPLES, FL 34103

Title: TD () Delete
Name: SHIPLEY, CONNIE
Address: 1543 WHISPERING OAKS CIR
City-St-Zip: NAPLES, FL 34110

Title: SD () Delete
Name: PERMAN, JANE
Address: 9544 SHEARWATER LANE
City-St-Zip: NAPLES, FL 34119

Title: C () Delete
Name: WENDEL, CHARLENE
Address: 1425 CREECH ROAD
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: SD (X) Change () Addition
Name: VAN ARSDALE, BETH
Address: 3200 TAMiami TRAIL N #200
City-St-Zip: NAPLES, FL 34103

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CHARLENE WENDEL

C

02/06/2004

Electronic Signature of Signing Officer or Director

Date