

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005295

FILED
Mar 13, 2006
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
1425 CREECH ROAD
NAPLES, FL 34103 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: PD () Delete
Name: GRANT, LAIRD I
Address: 8960 BAY COLONY DRIVE 1102
City-St-Zip: NAPLES, FL 34108

Title: VD () Delete
Name: JAFFE, CHARLENE
Address: 15758 VILLORESI WAY
City-St-Zip: NAPLES, FL 34110

Title: TD () Delete
Name: LAFITTE, LAURA
Address: 5058 SEAHORSE AVE
City-St-Zip: NAPLES, FL 34103

Title: SD () Delete
Name: VAN ARSDALEC, BETH
Address: 3200 TAMiami TRAIL N #200
City-St-Zip: NAPLES, FL 34103

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: GRANT, LAIRD I
Address: 8960 BAY COLONY DRIVE 1102
City-St-Zip: NAPLES, FL 34108

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

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

Title: SD (X) Change () Addition
Name: COUKOS, CAROLYN C
Address: 4328 SANCTUARY WAY
City-St-Zip: BONITA SPRINGS, FL 34134

Title: PD (X) Change () Addition
Name: WENDEL, CHARLENE A
Address: 1425 CREECH ROAD
City-St-Zip: NAPLES, FL 34103

I hereby certify that the information supplied with this filing does not qualify for the 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: CHARLENE A. WENDEL

PD

03/13/2006

Electronic Signature of Signing Officer or Director

Date