## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED** 

May 05 1998 8:00am

Secretary of State

*1*998 DOCUMENT #

CITY-ST-ZIP

SIGNATURE:

N97000004049 (9)

ORLANDO FAMILY PLANNING CENTER. INC.

Mailing Address Principal Place of Business 1103 LUCERNE TERRACE 1103 LUCERNE TERRACE 3. Date incorporated or Qualified ORLANDO FL 32806-1016 ORLANDO FL 32806-1016 07/16/1997 58-3460**3**58 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired Fee Required 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 27 City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 Yes 28 8. This corporation owes or has paid the current year Intangible Country Žiρ Yes 29 30 Personal Property Tax due June 30. 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 PENDERGRAFT, JAMES S Street Address (P.O. Box Number is Not Acceptable) 1103 LUCERNE TERRACE ORLANDO FL 32806-1016 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. ☐ Change Addition DELETE 1.1 TITLE Prosident , Director TITLE James & Pendergraft IV, MD 1103 Lucerne Terrace NAME 1.2 NAME 1.3 STREET ADDRESS STREET ADDRESS Orlando, FL 32806 1.4 CITY-ST-ZIP CITY-ST-ZIP Change **✓** Addition DELETE 2.1 TITLE Director TITLE Heidi Mullis 1103 Lucerne Terrace 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS Orlando, FL 32806 CITY-ST-ZIP 2.4 CITY-ST-ZIP Change Addition ☐ DELETE 3.1 TITLE Director TITLE Estrella Clements 3.2 NAME MALAF 1103 Lucerne Terrace 3.3 STREET ADDRESS STREET ADDRESS Orlando, FL 32806 3.4. CITY - ST-ZIP CITY-ST-ZW Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CATY-ST-ZIP Change Addition ■ DELETE TITLE 6.1 TITLE 6.2 NAME NAME **6.3 STREET ADDRESS** 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 tractee 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, and attachment with an address.