


FILE NOW: FILING FEE IS \$61.25

FILED
May 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P32340** (2)
1. Corporation Name

PLANNED PARENTHOOD ACTION FUND, INC.



Principal Place of Business 810 SEVENTH AVE. NEW YORK NY 10019	Mailing Address 810 SEVENTH AVE. NEW YORK NY 10019
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3. Date Incorporated or Qualified 12/18/1990	
4. FEI Number 13-3539048	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this <u>nonprofit</u> corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 N/A
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	P FELDT, GLORIA
STREET ADDRESS	810 SEVENTH AVE.
CITY-ST-ZIP	NEW YORK NY
TITLE	<input type="checkbox"/> DELETE
NAME	D ALLISON, SHARON
STREET ADDRESS	810 SEVENTH AVE.
CITY-ST-ZIP	NEW YORK NY 10019
TITLE	<input type="checkbox"/> DELETE
NAME	CO LEFEURE, JAMES
STREET ADDRESS	810 SEVENTH AVE.
CITY-ST-ZIP	NEW YORK NY
TITLE	<input type="checkbox"/> DELETE
NAME	AT TROZZI, MARK A
STREET ADDRESS	810 SEVENTH AVE.
CITY-ST-ZIP	NEW YORK NY
TITLE	<input type="checkbox"/> DELETE
NAME	AS PAUL, EVE
STREET ADDRESS	810 SEVENTH AVE.
CITY-ST-ZIP	NEW YORK NY 10019
TITLE	<input type="checkbox"/> DELETE
NAME	D ROGERS, CAROLE J
STREET ADDRESS	810 SEVENTH AVE.
CITY-ST-ZIP	NEW YORK NY 10019

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 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] 4/1/102 (910) 844 7800

CR2E037 (1097)

PLANNED PARENTHOOD ACTION FUND, INC.
1998 OFFICERS & DIRECTORS

<u>N A M E</u>	<u>T I T L E</u>	<u>A D D R E S S</u>
Gloria Fledt	President	810 Seventh Avenue New York, NY 10019
Sharon Allison	Chairperson	810 Seventh Avenue New York, NY 10019
Carole J. Rogers	Secretary	810 Seventh Avenue New York, NY 10019
Jeffrey D. Mechanick	Asst. Treasurer	810 Seventh Avenue New York, NY 10019
Eve Paul	Asst. Secretary	810 Seventh Avenue New York, NY 10019
Dara Klassel	Asst. Secretary	810 Seventh Avenue New York, NY 10019
Randall Moody	Treasurer	810 Seventh Avenue New York, NY 10019
Barbara Baldwin	Director	810 Seventh Avenue New York, NY 10019
Annette Cumming	Director	810 Seventh Avenue New York, NY 10019
Mary Shallenberger	Director	810 Seventh Avenue New York, NY 10019
Alfred Gordon	Director	810 Seventh Avenue New York, NY 10019
M. H. Marshall, M.D.	Director	810 Seventh Avenue New York, NY 10019
Regina Jones	Director	810 Seventh Avenue New York, NY 10019

PLANNED PARENTHOOD ACTION FUND, INC.
1998 OFFICERS & DIRECTORS

<u>N A M E</u>	<u>T I T L E</u>	<u>A D D R E S S</u>
Mark Munger	Director	810 Seventh Avenue New York, NY 10019
Almeda C. Riley	Director	810 Seventh Avenue New York, NY 10019
Don Wineberg	Director	810 Seventh Avenue New York, NY 10019
Susan Price	Director	810 Seventh Avenue New York, NY 10019
Susanne Wean	Director	810 Seventh Avenue New York, NY 10019
Lucia Riddle	Director	810 Seventh Avenue New York, NY 10019
April 20, 1998 10:05AM	:Nand Kapoor	