

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90048 017 ****61.25

DOCUMENT # N9700000 4049
1. Entity Name
ORLANDO FAMILY PLANNING CENTER, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1103 LUCERNE TERR
Suite, Apt. #, etc.

3. Mailing Address
609 VIRGINIA DR
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
ORLANDO FL

City & State
ORLANDO FL

Zip
32806 Country
ORANGE

Zip
32803 Country
ORANGE

4. FEI Number
59-3460858 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name JAMES S. PENDERGRAFT, IV

Street Address (P.O. Box Number is Not Acceptable)
609 VIRGINIA DR

City ORLANDO FL Zip Code 32803

8. 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 James S. Pendergrift IV
Signature, Typed or printed name of registered agent and title if applicable.

25 Apr 02
DATE

(NOTE: Registered Agent signature required when reinstating)

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>PD</u> <u>JAMES S. PENDERGRAFT</u> <u>609 VIRGINIA DR</u> <u>ORLANDO, FL 32803</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>D</u> <u>WILLIAM WEATHERFORD</u> <u>1031 MORSE BLVD, Suite 105</u> <u>WINTER PARK, FL 32789</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>D</u> <u>WAYNE SMALLEY</u> <u>1517 E. HILLCREST ST</u> <u>ORLANDO, FL 32803</u>
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**DO NOT WRITE
IN THIS SPACE**

CR2E037B (12/01)

12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: James S. Pendergrift IV
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

25 Apr 02
Date Daytime Phone #