

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N97000004049

FILED  
Apr 22, 2003  
Secretary of State

Entity Name: ORLANDO FAMILY PLANNING CENTER, INC.

**Current Principal Place of Business:**

1103 LUCERNE TERRACE  
ORLANDO, FL 328061016

**New Principal Place of Business:**

**Current Mailing Address:**

609 VIRGINIA DR  
ORLANDO, FL 32803

**New Mailing Address:**

FEI Number: 58-3460858

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PENDERGRAFT, JAMES S  
609 VIRGINIA DR  
ORLANDO, FL 32803 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: PENDERGRAFT, JAMES S. IV M  
Address: 609 VIRGINIA DR  
City-St-Zip: ORLANDO, FL 32803

Title: D ( ) Delete  
Name: WEATHERFORD, WILLIAM  
Address: 1031 MORSE BLVD ST 105  
City-St-Zip: WINTER PARK, FL 32789

Title: D ( ) Delete  
Name: SMALLEY, WAYNE  
Address: 1527 E CONCORD ST  
City-St-Zip: ORLANDO, FL 32803

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D (X) Change ( ) Addition  
Name: WEATHERFORD, WILLIAM  
Address: 1150 LOUISIANA AVENUE, SUITE 4  
City-St-Zip: WINTER PARK, FL 32789

Title: D (X) Change ( ) Addition  
Name: SMALLEY, WAYNE  
Address: 1517 EAST HILLCREST STREET  
City-St-Zip: ORLANDO, FL 32803

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: JAMES S PENDERGRAFT

DR

04/22/2003

Electronic Signature of Signing Officer or Director

Date