

N98000006028

TRANSMITTAL LETTER

98 OCT 22 AM 8:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

200002669792--8

**SUBJECT:** Jacksonville Alliance for the Prevention of Adolescent Pregnancy, Inc.  
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00  
Filing Fee

\$78.75  
Filing Fee  
& Certificate

\$122.50  
Filing Fee  
& Certified Copy

\$131.25  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

FROM: Carol Pitman  
Name (Printed or typed)

4923 River Point Road  
Address

Jacksonville, FL 32207  
City, State & Zip

904-308-7510  
Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**

SD  
10/22

STATE OF FLORIDA

VOUCHER SCHEDULE

DATE

10/15/1998

S-W/Agency Voucher No.

D90-0023-5503

RT0378

DLO DEPARTMENT 640000

JT-2

SITE DUVAL COUNTY HEALTH DEPARTMENT  
DUVAL CHD - JIM PEARCE

COMPTROLLER ACCOUNT NUMBER	CF	COMPTROLLER ACCOUNT NAME	INVOICE	INVOICE AMOUNT	OBJECT CODE	TRANS CODE	TRANS CODE
						25 AMOUNT	45 AMOUNT
64202141001-64200000016-040000000		EXPENSES	INV: 801500	70.00	4990	70.00	
45202130001-45300000000-000100000		FEES					70.0
						TOTAL	TOTAL

TRANSACTION TYPE: JOURNAL ADVICE

I hereby certify that the above transactions are in accordance with the Florida Statutes and all applicable laws and rules of the State of Florida.

For State Comptroller's Use Only

70.0

APPROVED: *[Signature]*

TITLE: *[Signature]*

Time in \_\_\_\_\_

Audited By \_\_\_\_\_

**ARTICLES OF INCORPORATION**

*The undersigned incorporator, for the purpose of forming a corporation under the Florida Not for Profit Corporation Act, hereby adopt(s) the following Articles of Incorporation:*

**FILED**  
98 OCT 22 AM 8:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

Jacksonville Alliance for the Prevention of Adolescent Pregnancy, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

900 University Blvd., North, Suite 501  
Jacksonville, FL. 32211

**ARTICLE III PURPOSE(S)**

The specific purpose(s) for which the corporation is organized is (are):

The purpose of the organization is to unify the Duval County community to create opportunities for Duval County adolescents and their futures by ensuring community support and services which emphasize educational achievement and the skills necessary to delay pregnancy , reduce repeat pregnancies and attain viable personal goals.

**ARTICLE IV MANNER OF ELECTION OF DIRECTORS**

The manner in which the directors are elected or appointed is:

Directors of the Board are elected as stated in the bylaws.

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and Florida street address of the initial registered agent are:

Ms. Carol Pitman  
4923 River Point Road  
Jacksonville, FL 32207

**ARTICLE VI INCORPORATOR**

The name and street address of the Incorporator to these Articles of Incorporation are:

Ms. Carol Pitman  
4923 River Point Road  
Jacksonville, FL 32207

Ms. Beverly Hamilton  
8040 Charmont Drive South  
Jacksonville, FL 32277

Ms. Christine Carr  
4361 Ashfield Drive  
Jacksonville, FL 32224

Dr. Jeffrey Goldhagen  
4318 Blue Heron  
Ponte Vedra Beach, FL 32082

Mr. Thomas Bryant III  
8 Christopher Street  
St. Augustine, FL 32095

  
Signature/Incorporator

9-24-98  
Date

(An additional article must be added if an effective date is required.)

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
Signature/Registered Agent

9-24-98  
Date