

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 99 SEP 21 AM 8:38

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DOCUMENT # N98000006028

1. Corporation Name
 JACKSONVILLE ALLIANCE FOR THE PREVENTION OF ADOL
 ESCENT PREGNANCY, INC.

Principal Place of Business Mailing Address
 900 UNIVERSITY BLVD., NORTH. STE. 501 900 UNIVERSITY BLVD., NORTH. STE. 501
 JACKSONVILLE FL 32211 JACKSONVILLE FL 32211



21	2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
22	Suite, Apt #, etc.	26	10/22/1998
23	City & State	27	4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
24	Zip Country	28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
25		29	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
PITMAN, CAROL 4923 RIVER POINT ROAD JACKSONVILLE FL 32207		81	Name	
		82	Street Address (P.O. Box Number is Not Acceptable)	
		83		
		84	City	FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Ms. - C, <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carol Pitman	1.2 NAME	
STREET ADDRESS	4923 River Point Rd.	1.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32207	1.4 CITY-ST-ZIP	
TITLE	Ms. - S, <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Christine Carr	2.2 NAME	
STREET ADDRESS	4361 Ashfield Drive	2.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32224	2.4 CITY-ST-ZIP	
TITLE	Ms. - VC, <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Beverly Hamilton	3.2 NAME	
STREET ADDRESS	8040 Chamont Drive South	3.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32277	3.4 CITY-ST-ZIP	
TITLE	Dr. - Treasurer, <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jeffrey Goldhagen	4.2 NAME	
STREET ADDRESS	4318 Blue Heron	4.3 STREET ADDRESS	
CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	4.4 CITY-ST-ZIP	
TITLE	Mr. <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas Bryant III	5.2 NAME	
STREET ADDRESS	8 Christopher Street	5.3 STREET ADDRESS	
CITY-ST-ZIP	St. Augustine, FL 32095	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowerments.

SIGNATURE: Carol W. Pitman 9/8/99 904-308-7510
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)

Please Do Not Remove

PAGE NO.

pg 2 of 2

STATE OF FLORIDA

VOUCHER SCHEDULE

DATE 09/10/1999

S-W/Agency Voucher No.

OLG 640000

JT-2

000-0015-4517

DEPARTMENT DUVAL COUNTY HEALTH DEPARTMENT

AR1245

SITE DUVAL CHD - JIM PEARCE

COMPTROLLER ACCOUNT NUMBER	OF	OBJECT CODE	TRANS CODE	TRANS CODE
COMPTROLLER ACCOUNT NAME	COMPTROLLER ACCOUNT NAME		25	45
INVOICE	INVOICE AMOUNT		INCREASE AMOUNT	INCREASE AMOUNT
64202141001-6420000016-04000000		4990	70.00	
EXPENSES				
INV: 800006028	70.00			
45202130001-4530000000-00010000				70.00
FEEES				

TRANSACTION TYPE: JOURNAL ADVICE	TOTAL	TOTAL
	70.00	70.00

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

APPROVED: *DW Newburn*

TITLE: *D + M Com II J*

Time In

Audited By