

# 2000 UNIFORM BUSINESS REPORT (UBR)

Pg 1 of 3

**DOCUMENT # N98000006028**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 22 AM 11:08

1. Entity Name

**JACKSONVILLE ALLIANCE FOR THE PREVENTION OF ADOL**

Principal Place of Business

Mailing Address

900 UNIVERSITY BLVD., NORTH, STE. 501  
JACKSONVILLE FL 32211

900 UNIVERSITY BLVD., NORTH, STE. 501  
JACKSONVILLE FL 32211-5583



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**APPLIED FOR**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PITMAN, CAROL**  
4923 RIVER POINT ROAD  
JACKSONVILLE FL 32207

Name

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

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
NAME **CD**  
STREET ADDRESS **PITMAN, CAROL**  
CITY-ST-ZIP **4923 RIVER POINT ROAD  
JACKSONVILLE FL 32207**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **SD**  
STREET ADDRESS **CARR, CHRISTINE**  
CITY-ST-ZIP **4361 ASHFIELD DRIVE  
JACKSONVILLE FL 32207**

TITLE  Change  Addition  
NAME **SD**  
STREET ADDRESS **CARR, CHRISTINE**  
CITY-ST-ZIP **4361 ASHFIELD DRIVE  
JACKSONVILLE, FL 32224**

TITLE  Delete  
NAME **VCD**  
STREET ADDRESS **HAMILTON, BEVERLY**  
CITY-ST-ZIP **8040 CHARMONT DRIVE SOUTH  
JACKSONVILLE FL 32277**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **TD**  
STREET ADDRESS **GOLDHAGEN, JEFFREY**  
CITY-ST-ZIP **4318 BLUE HERON  
PONTE VEDRA BEACH FL 32082**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **D**  
STREET ADDRESS **BRYANT, THOMAS III**  
CITY-ST-ZIP **8 CHRISTOPHER STREET  
ST. AUGUSTINE FL 32095**

TITLE  Change  Addition  
NAME **D**  
STREET ADDRESS **BRYANT, THOMAS III**  
CITY-ST-ZIP **900 CHIPPEWA STREET  
ST. AUGUSTINE, FL 32086**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 Block 11, changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** SCAROL W PITMAN, JR *Carol W Pitman*

1/11/00  
Date

(904) 308-7510  
Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)

12

Form **SS-4**

### Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

(Rev. February 1998)  
Department of the Treasury  
Internal Revenue Service

EIN \_\_\_\_\_  
OMB I \_\_\_\_\_

▶ Keep a copy for your records.

**1** Name of applicant (legal name) (see instructions)  
**Jacksonville Alliance for the Prevention of Adolescent Pregnancy**

**2** Trade name of business (if different from name on line 1) \_\_\_\_\_

**3** Executor, trustee, "care of" name \_\_\_\_\_

**4a** Mailing address (street address) (room, apt., or suite no.)  
**900 University Blvd. North, Suite 501**

**4b** City, state, and ZIP code  
**Jacksonville, FL 32211**

**5a** Business address (if different from address on line 4a) \_\_\_\_\_

**5b** City, state, and ZIP code \_\_\_\_\_

**6** County and state where principal business is located  
**Duval County, Florida**

**7** Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) ▶  
**Carol W. Pitman - SSN# 267-56-3063**

**8a** Type of entity (Check only one box.) (see instructions)  
Caution: If applicant is a limited liability company, see the instructions for line 8a.

Sole proprietor (SSN) \_\_\_\_\_

Partnership \_\_\_\_\_

REMIC \_\_\_\_\_

State/local government \_\_\_\_\_

Church or church-controlled organization \_\_\_\_\_

Other nonprofit organization (specify) ▶ \_\_\_\_\_ (enter GEN if applicable)

Other (specify) ▶ **Not for Profit Corporation**

Estate (SSN of decedent) \_\_\_\_\_

Personal service corp. \_\_\_\_\_

National Guard \_\_\_\_\_

Farmers' cooperative \_\_\_\_\_

Federal government/military \_\_\_\_\_

Plan administrator (SSN) \_\_\_\_\_

Other corporation (specify) ▶ \_\_\_\_\_

Trust \_\_\_\_\_

**8b** If a corporation, name the state or foreign country (if applicable) where incorporated

State: **Florida** Foreign country: **N/A**

**9** Reason for applying (Check only one box.) (see instructions)

Started new business (specify type) ▶ \_\_\_\_\_

Hired employees (Check the box and see line 12.) \_\_\_\_\_

Created a pension plan (specify type) ▶ \_\_\_\_\_

Banking purpose (specify purpose) ▶ **deposit funds from services, grant**

Changed type of organization (specify new type) ▶ **donations, etc.**

Purchased going business \_\_\_\_\_

Created a trust (specify type) ▶ \_\_\_\_\_

Other (specify) ▶ \_\_\_\_\_

**10** Date business started or acquired (month, day, year) (see instructions)  
**N/A**

**11** Closing month of accounting year (see instructions)  
**December 31**

**12** First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) \_\_\_\_\_  
**N/A**

**13** Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)

Nonagricultural: **0** Agricultural: **0** Household: **0**

**14** Principal activity (see instructions) ▶ **Nonprofit organization to prevent teen pregnancy**

**15** Is the principal business activity manufacturing? \_\_\_\_\_  
If "Yes," principal product and raw material used ▶ \_\_\_\_\_

Yes  No

**16** To whom are most of the products or services sold? Please check one box.

Public (retail) \_\_\_\_\_

Other (specify) ▶ \_\_\_\_\_

Business (wholesale) \_\_\_\_\_

N/A

**17a** Has the applicant ever applied for an employer identification number for this or any other business? \_\_\_\_\_  
Note: If "Yes," please complete lines 17b and 17c.

Yes  No

**17b** If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ▶ \_\_\_\_\_ Trade name ▶ \_\_\_\_\_

**17c** Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year) \_\_\_\_\_ City and state where filed \_\_\_\_\_ Previous EIN \_\_\_\_\_

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly) ▶ **Carol W. Pitman, Chairman**

Business telephone number (include area code)  
**(904) 308-7510**

Fax telephone number (include area code)  
**(904) 308-7825**

Signature ▶ *Carol W. Pitman* Date ▶ **2/22/00**

Note: Do not write below this line. For official use only.

Please leave blank ▶ Geo. \_\_\_\_\_ Ind. \_\_\_\_\_ Class \_\_\_\_\_ Size \_\_\_\_\_ Reason for applying \_\_\_\_\_

# of pages ▶ **1**

Date **7671**

From **Carol Pitman**

To **Andy Dunlap**

Co./Dept. **State of FL**

Phone # \_\_\_\_\_

Fax # **850-487-6017**

POSTED JOURNAL TRANSACTIONS BY SWDN WITHIN BENEFITTING OLO AND SITE

AUDIT LOCATION - STATEWIDE  
OLO 450000 - DEPARTMENT OF STATE  
SITE 00 - DEPARTMENT OF STATE  
SWDN D0000490731 ADOCNO VRN2825

OLO 640000 - DEPARTMENT OF HEALTH  
SITE 16 - DUVAL CHD - JIM PEARCE  
(904) 630-3280

ACCOUNT CODE	CF	TC	OBJECT	AMOUNT	ACCOUNT CODE	CF	TC	OBJECT
64 20 2 141001 64200000 16 040000 00	25	4990	61.25	61.25	45 20 2 130001 45300000 00 000100 00			45
					INVOICE # N98006028			61.25

TRANSACTION CODE TOTAL - 25 61.25 45 61.25

TR 96

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Annual Report