

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90040 010 ****61.25

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DOCUMENT # N98000006028

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

Principal Place of Business 900 UNIVERSITY BLVD., NORTH. STE. 501 JACKSONVILLE FL 32211	Mailing Address 900 UNIVERSITY BLVD., NORTH. STE. 501 JACKSONVILLE FL 32211
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

509541



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3626052	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PITMAN, CAROL 4923 RIVER POINT ROAD JACKSONVILLE FL 32207	7. Name and Address of New Registered Agent Name Beverly R. Hamilton Street Address (P.O. Box Number is Not Acceptable) 8040 Charmont Drive South City Jacksonville FL Zip Code 32277
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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 *Beverly R. Hamilton* **Beverly R. Hamilton** **2/21/02**

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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD PITMAN, CAROL 4923 RIVER POINT ROAD JACKSONVILLE FL 32207 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CARR, CHRISTINE 4361 ASHFIELD DRIVE JACKSONVILLE FL 32224 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD HAMILTON, BEVERLY 8040 CHARMONT DRIVE SOUTH JACKSONVILLE FL 32277 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Interim Chairperson <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Hamilton, Beverly R. 8040 Charmont Drive South Jacksonville, FL 32277
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GOLDHAGEN, JEFFREY 4318 BLUE HERON PONTE VEDRA BEACH FL 32082 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYANT, THOMAS III 900 CHIPPEWA STREET ST. AUGUSTINE FL 32086 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Afi-Leigh, Jameela A. 7740 Southside Blvd., #201 Jacksonville, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE: *Beverly R. Hamilton* **Interim Chairperson** **2/21/02** **(904) 398-7777**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)