


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90001 019 ****61.25

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1. Entity Name
JACKSONVILLE ALLIANCE FOR THE PREVENTION OF ADOLESCENT 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

54018932



2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

02262004 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
59-3626052

Applied For
 Not Applicable

City & State

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BILELLO, LORI
900 UNIVERSITY BLVD N STE 501
JACKSONVILLE, FL 32211

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

Change Addition

TITLE **FA** Delete
 NAME **BILELLO, LORI**
 STREET ADDRESS **130 PABLO POINT DRIVE**
 CITY-ST-ZIP **JACKSONVILLE, FL 32225**

Change Addition

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

Change Addition

TITLE **CC** Delete
 NAME **SENERFITT, LIBBY**
 STREET ADDRESS **330 EAST BAY STREET #504**
 CITY-ST-ZIP **JACKSONVILLE, FL 32202**

Change Addition

TITLE Delete

Change Addition

TITLE Delete

Change 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: *Lori Billello* Date: 3/1/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #