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FLORIDA DEPARTMENT OF STATE
Sandra B. Morthum
Secretary of State

January 30, 1996

PAULINE LINDSTROM
515 WEST SIXTH STREET
JACKSONVILLE, FL 32206

SUBJECT: DUVAL PUBLIC HEALTH AUXILIARY, INC.

This letter will confirm that due to a clerical error the above referenced corporation was incorrectly filed as a PROFIT corporation. Please be advised, we have corrected our records to reflect this corporation as a NONPROFIT corporation and assigned new document number N9600000511 with the original file date of July 2, 1993.

Any annual reports submitted this office should reflect the new document number.

We sincerely apologize for any inconvenience this error may have caused you.

Should you have any questions please feel free to contact this office at the address indicated below.

Sincerely,
Bobbie Eldridge
Senior Corporate Section Administrator
New Filings Section

Letter number: 796A00004012

N96000000511

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

SUBJECT: Public Health Auxillary
(Proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and a check
for \$ 70.00 .

FROM: Pauline Lindstrom
Name (Printed or typed)
515 West Sixth Street
Address
Jacksonville, Florida 32206
City, State & Zip
(904) 630-3228
Telephone number

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

ARTICLES OF INCORPORATION for

Duval Public Health Auxiliary

The undersigned, acting as incorporator(s) of a corporation pursuant to Chapter 617, Florida Statutes, adopt(s) the following Articles of Incorporation:

ARTICLE I - Name

The name of the corporation shall be:

Duval Public Health Auxiliary, Inc.

ARTICLE II - Principal place of business and mailing address

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

HHS Duval County Public Health Unit
Volunteer Services
515 West Sixth Street
Jacksonville, Florida 32206

ARTICLE III - Purpose(s)

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

To help provide non-budgeted necessitation to improve the quality of life of public health clients and secure non-budgeted items for clinics to improve services to clients. These items will be obtained through fund raising activities as well as by donations.

ARTICLE IV - Manner of election of directors

The manner in which the directors are elected or appointed is as follows

The Auxiliary will hold an annual election of officers. Sixty days prior to the election, a nominating committee of four members will be appointed by the President and approved by the Executive Board. The nominating committee will present the slate of officers to the membership with the notice of the annual meeting. Nominations from the floor will be accepted and installation of officers will be held at the annual meeting. The officers shall be: President, Executive Vice President, Vice President of Clothing/Baby Furniture Committee, Vice President of Adopt-A-Clinic Committee, Vice President of Finance/Resource Committee, Vice President of Holiday Projects Committee, Vice President of Membership Committee, Vice President of Healthy Start Committee, Vice President of Publicity Committee, and Recording Secretary and will comprise the Executive Board. The President may appoint two Members-at-Large to serve one year term on the Executive Board with the concurrence of the Executive Board members.

ARTICLE V - Limitation of corporate powers

The corporate powers of this corporation are as provided in section 617 6302, Florida Statutes, unless limited as follows:

ARTICLE VI - Initial registered agent and street address

The name and the street address of the initial registered agent is:

Pauline B. Lindstrom
Volunteer Services
HHS Duval County Public Health Unit
515 West Sixth Street
Jacksonville, Florida 32206

ARTICLE VII - Incorporators

The name(s) and the street address(es) of the incorporator(s) for these articles of incorporation is(are):

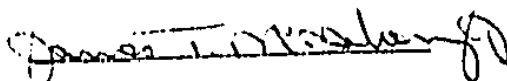
James T. McGilbony, Jr.
HHS Duval County Public Health Unit
515 West Sixth Street
Jacksonville, Florida 32206

Delores Unaticker
HHS Duval County Public Health Unit
515 West Sixth Street
Jacksonville, Florida 32206

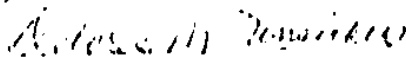
Pauline B. Lindstrom
HHS Duval County Public Health Unit
515 West Sixth Street
Jacksonville, Florida 32206

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this _____ day of _____, 19_____

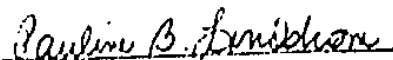
Signature(s) of Incorporator(s)



James T. McGilbony, Jr.
Typed name of incorporator signing



Delores Unaticker
Typed name of incorporator signing



Pauline B. Lindstrom
Typed name of incorporator signing

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is: Public Health Auxiliary, Inc.

2. The name and address of the registered agent and office is:

Pauline B. Lindstrom
(Name)

HRG Duval County Public Health Unit, 515 West Sixth Street
(P.O. Box NOT acceptable)

Jacksonville, Florida 32206
(City/State/Zip)

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 Pauline B. Lindstrom

DATE 6/29/92

REGISTERED AGENT FILING FEE: \$35.00

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.
AMOUNT DUE ON OR BEFORE 8/10/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROVED
AND
FILED**

94 JUL 15 PM 12:42
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1994**



FLORIDA DEPARTMENT OF STATE
Jan. Gresham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96 000000511

1. Corporation Name
DUVAL PUBLIC HEALTH AUXILIARY, INC.

Mailing Address
MRS DUVAL COUNTY PUBLIC HEALTH UNIT
515 WEST SIXTH STREET
JACKSONVILLE FL 32208

Principal Place of Business
MRS DUVAL COUNTY PUBLIC HEALTH UNIT
515 WEST SIXTH STREET
JACKSONVILLE FL 32208

If above addresses are identical in any way, use through once and information need not be repeated below

DO NOT WRITE IN THIS SPACE

2. Mailing Address	2a. Principal Place of Business
21 State, Apt. #, etc.	26 State, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 07/02/1993	3a. Date of Last Report N/A
4. FEI Number 59-3194739	Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required ☐	6. Election Campaign Financing Trust Fund Contribution ☐
7. Taxprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under 35, 36F.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

LINDSTROM PAULINE B
515 WEST SIXTH STREET
JACKSONVILLE FL 32208

10. Name and Address of New Registered Agent

01 Name **N/A**
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** **05 Zip Code**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or 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 607.0505 or 617.0503, Florida Statutes.

SIGNATURE (Signature of person appointed as registered agent or officer or director) **DATE** (Date of appointment as registered agent or officer or director)

12. OFFICERS AND DIRECTORS

1. TITLE	
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	P
2. NAME	John Wright
3. STREET ADDRESS	2043 West 18 Street
4. CITY, ST, ZIP	Jacksonville, FL 32209
5. TITLE	S
6. NAME	Karen Stevens
7. STREET ADDRESS	515 West 6 Street
8. CITY, ST, ZIP	Jacksonville, FL 32206
9. TITLE	MD
10. NAME	Pauline Lindstrom
11. STREET ADDRESS	515 West 6 Street
12. CITY, ST, ZIP	Jacksonville, FL 32206
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I, the undersigned, hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that the corporation has adopted this statement and that the officers and directors have signed and acknowledged the same. I am familiar with, and accept the obligations of, Section 607.0505 or 617.0503, Florida Statutes, and that my name appears on the books of the corporation as an officer or director.

SIGNATURE *Pauline B. Lindstrom*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Pauline B. Lindstrom

7/12/94 (904) 630-3228

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 27 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N9600000511**
In Corporation Name
DUVAL PUBLIC HEALTH AUXILIARY, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
HHS DUVAL COUNTY PUBLIC HEALTH UNIT 515 WEST SIXTH STREET JACKSONVILLE FL 32206		HHS DUVAL COUNTY PUBLIC HEALTH UNIT 515 WEST SIXTH STREET JACKSONVILLE FL 32206	
2. Principal Place of Business		2a. Mailing Address	
21. State, Apt. #, etc.		2a. State, Apt. #, etc.	
22. City & State		27. City & State	
23. Zip		28. Zip	
24. Country		29. Country	
30. Country		30. Country	
3. Date incorporated or Qualified		3a. Date of Last Report	
07/02/1993		07/15/1994	
4. FEI Number		Applied For Not Applicable	
59-3194739			
5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution		☐ \$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under § 199.012, Florida Statutes		☐ Yes ☐ No	

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LINDSTROM, PAULINE B
515 WEST SIXTH STREET
JACKSONVILLE FL 32206

81. Name	
82. Street Address (P.O. Box Number Is Not Acceptable)	
83. City	
84. State	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

(Type or typed or printed name of registered agent and the corporation)

(Type or typed or printed name of registered agent and the corporation)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1. TITLE	☐ Change ☐ Addition
NAME	WRIGHT, JOHN	2. NAME	
STREET ADDRESS	2043 W. 18TH ST.	3. STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4. CITY-ST-ZIP	
TITLE	S	5. TITLE	☐ Change ☐ Addition
NAME	STEVENS, KAREN	6. NAME	
STREET ADDRESS	515 WEST 8TH ST.	7. STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	8. CITY-ST-ZIP	
TITLE	D	9. TITLE	☐ Change ☐ Addition
NAME	LINDSTROM, PAULINE	10. NAME	
STREET ADDRESS	515 W. 8TH ST.	11. STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	12. CITY-ST-ZIP	
TITLE		13. TITLE	☐ Change ☐ Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY-ST-ZIP		16. CITY-ST-ZIP	
TITLE		17. TITLE	☐ Change ☐ Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY-ST-ZIP		20. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(1)(b), Florida Statutes. I further certify that the information submitted in this annual report is supplemental and does not constitute a new filing and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation, or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 1, if changed, in an affidavit with an address.

SIGNATURE:

Pauline B. Lindstrom

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pauline B. Lindstrom, Director

4/24/95 904-630-3228