N96000000511

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 N96000000511 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 Auxiliary
(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

HRS 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 necessities 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 617.0302, 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
HRS 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. McGibony, Jr.
HRS Duval County Public Health Unit
515 West Sixth Street
Jacksonville, Florida 32206

Delores Unnicker
HRS Duval County Public Health Unit
515 West Sixth Street
Jacksonville, Florida 32206

Pauline B. Lindstrom
HRS 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. McGibony, Jr.
Typed name of incorporator signing

Delores Unnicker
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)

DHRS 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

CR2E013(6/92)

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.
AMOUNT DUE ON OR BEFORE 8/10/94: $226 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $376)

CORPORATION ANNUAL REPORT 1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
94 JUL 13 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000000511

1. Corporation Name
DUVAL PUBLIC HEALTH AUXILIARY, INC.

Mailing Address
HRS DUVAL COUNTY PUBLIC HEALTH UNIT
515 WEST SIXTH STREET
JACKSONVILLE FL 32206

Principal Place of Business
HRS DUVAL COUNTY PUBLIC HEALTH UNIT
515 WEST SIXTH STREET
JACKSONVILLE FL 32206

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. Mailing Address	2a. Principal Place of Business
21	26 SAME
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 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 [ ] — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [ ]
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [ ] Yes [X] No

9. Name and Address of Current Registered Agent

LINDSTROM PAULINE B
515 WEST SIXTH STREET
JACKSONVILLE FL 32206

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 ____________ DATE ______

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE		1.1 TITLE	P
1.2 NAME		1.2 NAME	John Wright
1.3 STREET ADDRESS		1.3 STREET ADDRESS	2043 West 18 Street
1.4 CITY-ST-ZIP		1.4 CITY-ST-ZIP	Jacksonville, FL 32209
2.1 TITLE		2.1 TITLE	S
2.2 NAME		2.2 NAME	Karen Stevens
2.3 STREET ADDRESS		2.3 STREET ADDRESS	515 West 6 Street
2.4 CITY-ST-ZIP		2.4 CITY-ST-ZIP	Jacksonville, FL 32206
3.1 TITLE		3.1 TITLE	MD
3.2 NAME		3.2 NAME	Pauline Lindstrom
3.3 STREET ADDRESS		3.3 STREET ADDRESS	515 West 6 Street
3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	Jacksonville, FL 32206
4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE		5.1 TITLE	
NAME		NAME	

14. [illegible]

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

7/12/94 (904) 630-3228

0148122

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
'95 APR 27 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000000511

1. Corporation Name
DUVAL PUBLIC HEALTH AUXILIARY, INC.

Principal Place of Business	Mailing Address
HRS DUVAL COUNTY PUBLIC HEALTH UNIT 515 WEST SIXTH STREET JACKSONVILLE FL 32206	HRS DUVAL COUNTY PUBLIC HEALTH UNIT 515 WEST SIXTH STREET JACKSONVILLE FL 32206

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/02/1993
3a. Date of Last Report: 07/15/1994
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 ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent
LINDSTROM, PAULINE B
515 WEST SIXTH STREET
JACKSONVILLE FL 32206

10. Name and Address of New Registered Agent
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 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 ______ DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	WRIGHT, JOHN
STREET ADDRESS	2043 W. 18TH ST.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	S
NAME	STEVENS, KAREN
STREET ADDRESS	515 WEST 6TH ST.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D
NAME	LINDSTROM, PAULINE
STREET ADDRESS	515 W. 6TH ST.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

(1.1–6.4 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ Change ☐ Addition — blank)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Pauline B Lindstrom — 4/24/95 — 904-630-3228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Pauline B. Lindstrom, Director

0405296 FP