

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 SEP 21 AM 8:38

DOCUMENT # N98000006028

1. Corporation 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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

10/22/1998

4. FEI Number

☒ 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

9. Name and Address of Current Registered Agent

PITMAN, CAROL
4923 RIVER POINT ROAD
JACKSONVILLE FL 32207

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 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Ms. - C, ☐ DELETE
Carol Pitman
4923 River Point Rd.
Jacksonville, FL 32207

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Ms. - S, ☐ DELETE
Christine Carr
4361 Ashfield Drive
Jacksonville, FL 32224

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Ms. - VC, ☐ DELETE
Beverly Hamilton
8040 Chantmont Drive South
Jacksonville, FL 32277

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Dr. - Treasurer, ☐ DELETE
Jeffrey Goldhagen
4318 Blue Heron
Ponte Vedra Beach, FL 32082

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Mr. ☐ DELETE
Thomas Bryant III
8 Christopher Street
St. Augustine, FL 32095

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ☒ Change ☐ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP ☐ Change ☐ Addition

7.1 TITLE 7.2 NAME 7.3 STREET ADDRESS 7.4 CITY-ST-ZIP ☐ Change ☐ Addition

8.1 TITLE 8.2 NAME 8.3 STREET ADDRESS 8.4 CITY-ST-ZIP ☐ Change ☐ Addition

9.1 TITLE 9.2 NAME 9.3 STREET ADDRESS 9.4 CITY-ST-ZIP ☐ Change ☐ Addition

10.1 TITLE 10.2 NAME 10.3 STREET ADDRESS 10.4 CITY-ST-ZIP ☐ Change ☐ Addition

11.1 TITLE 11.2 NAME 11.3 STREET ADDRESS 11.4 CITY-ST-ZIP ☐ Change ☐ Addition

12.1 TITLE 12.2 NAME 12.3 STREET ADDRESS 12.4 CITY-ST-ZIP ☐ Change ☐ Addition

13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-ST-ZIP ☐ Change ☐ Addition

14.1 TITLE 14.2 NAME 14.3 STREET ADDRESS 14.4 CITY-ST-ZIP ☐ Change ☐ Addition

15.1 TITLE 15.2 NAME 15.3 STREET ADDRESS 15.4 CITY-ST-ZIP ☐ Change ☐ Addition

16.1 TITLE 16.2 NAME 16.3 STREET ADDRESS 16.4 CITY-ST-ZIP ☐ Change ☐ Addition

17.1 TITLE 17.2 NAME 17.3 STREET ADDRESS 17.4 CITY-ST-ZIP ☐ Change ☐ Addition

18.1 TITLE 18.2 NAME 18.3 STREET ADDRESS 18.4 CITY-ST-ZIP ☐ Change ☐ Addition

19.1 TITLE 19.2 NAME 19.3 STREET ADDRESS 19.4 CITY-ST-ZIP ☐ Change ☐ Addition

20.1 TITLE 20.2 NAME 20.3 STREET ADDRESS 20.4 CITY-ST-ZIP ☐ Change ☐ Addition

21.1 TITLE 21.2 NAME 21.3 STREET ADDRESS 21.4 CITY-ST-ZIP ☐ Change ☐ Addition

22.1 TITLE 22.2 NAME 22.3 STREET ADDRESS 22.4 CITY-ST-ZIP ☐ Change ☐ Addition

23.1 TITLE 23.2 NAME 23.3 STREET ADDRESS 23.4 CITY-ST-ZIP ☐ Change ☐ Addition

24.1 TITLE 24.2 NAME 24.3 STREET ADDRESS 24.4 CITY-ST-ZIP ☐ Change ☐ Addition

25.1 TITLE 25.2 NAME 25.3 STREET ADDRESS 25.4 CITY-ST-ZIP ☐ Change ☐ Addition

26.1 TITLE 26.2 NAME 26.3 STREET ADDRESS 26.4 CITY-ST-ZIP ☐ Change ☐ Addition

27.1 TITLE 27.2 NAME 27.3 STREET ADDRESS 27.4 CITY-ST-ZIP ☐ Change ☐ Addition

28.1 TITLE 28.2 NAME 28.3 STREET ADDRESS 28.4 CITY-ST-ZIP ☐ Change ☐ Addition

29.1 TITLE 29.2 NAME 29.3 STREET ADDRESS 29.4 CITY-ST-ZIP ☐ Change ☐ Addition

30.1 TITLE 30.2 NAME 30.3 STREET ADDRESS 30.4 CITY-ST-ZIP ☐ Change ☐ Addition

31.1 TITLE 31.2 NAME 31.3 STREET ADDRESS 31.4 CITY-ST-ZIP ☐ Change ☐ Addition

32.1 TITLE 32.2 NAME 32.3 STREET ADDRESS 32.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL W. PITMAN 9/8/99 904-308-7510

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Please Do Not Remove

PAGE NO.

pg 2 of 2

STATE OF FLORIDA

VOUCHER SCHEDULE

DATE

09/10/1999

S-W/Agency Voucher No.

OLG 640000

JT-2

000-0015-4517

DEPARTMENT DUVAL COUNTY HEALTH DEPARTMENT

AB1245

SITE DUVAL CHD - JIM PEARCE

| COMPTROLLER ACCOUNT NUMBER | CF | OBJECT CODE | TRANS CODE | TRANS CODE |
|----------------------------------|----------------|-------------|-----------------|-----------------|
| COMPTROLLER ACCOUNT NAME | | | 25 | 45 |
| INVOICE | INVOICE AMOUNT | | INCREASE AMOUNT | INCREASE AMOUNT |
| 64202141001-6420000016-04000000 | | 4990 | 70.00 | |
| EXPENSES | | | | |
| INV: 800006028 | 70.00 | | | |
| 45202130001-4530000000-00010000 | | | | 70.00 |
| FEES | | | | |
| TRANSACTION TYPE: JOURNAL ADVICE | | | TOTAL | TOTAL |
| | | | 70.00 | 70.00 |

I hereby certify that the above transactions are in accordance with the Florida Statutes and all applicable laws and rules of the State of Florida.

For State Comptroller's Use Only

Time In

APPROVED:

DW Newburn

TITLE

D + M Con II

Audited By