Pg 1 of 3

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006028

1. Entity Name

JACKSONVILLE ALLIANCE FOR THE PREVENTION OF ADOL

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 22 AM 11:08

Principal Place of Business	Mailing Address
900 UNIVERSITY BLVD.. NORTH. STE. 501 JACKSONVILLE FL 32211	900 UNIVERSITY BLVD.. NORTH. STE. 501 JACKSONVILLE FL 32211-5563

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number APPLIED FOR — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PITMAN, CAROL 4923 RIVER POINT ROAD JACKSONVILLE FL 32207	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.

SIGNATURE _____
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. ☐ $5.00 May Be Added to Fees	Make Check Payable to Department of State

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 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CARR, CHRISTINE 4361 ASHFIELD DRIVE JACKSONVILLE FL 32207 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CARR, CHRISTINE 4361 ASHFIELD DRIVE JACKSONVILLE, FL 32224 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD HAMILTON, BEVERLY 8040 CHARMONT DRIVE SOUTH JACKSONVILLE FL 32277 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GOLDHAGEN, JEFFREY 4318 BLUE HERON PONTE VEDRA BEACH FL 32082 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYANT, THOMAS III 8 CHRISTOPHER STREET ST. AUGUSTINE FL 32095 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYANT, THOMAS III 900 CHIPPEWA STREET ST. AUGUSTINE, FL 32086 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 changed, or on an attachment with an address, with all other like empowered. AD

SIGNATURE: SIGNATURE BLOCK REQUIRED CAROL W. PITMAN Carol W. Pitman 1/11/00 (904) 308-7510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (9/99)

-2

Form **SS-4**

(Rev. February 1999)

Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

▶ **Keep a copy for your records.**

EIN

OMB

Please type or print clearly.

1 Name of applicant (legal name) (see instructions)
Jacksonville Alliance for the Prevention of Adolescent Pregnancy

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)
900 University Blvd. North, Suite 501

5a Business address (if different from address on line

4b City, state, and ZIP code
Jacksonville, FL 32211

5b City, state, and ZIP code

6 County and state where principal business is located
Duval County, Florida

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ▶
Carol W. Pitman - SSN# 267-56-3063

Post-it® Fax Note 7671

Date	# of pages ▶ 1		
To Andy Dunlap	From Carol Pitman		
Co./Dept. State of FL	Co.		
Phone #	Phone #		
Fax # 850-487-6017	Fax #		

8a Type of entity (Check only one box.) (see instructions)
Caution: *If applicant is a limited liability company, see the instructions for line 8a.*

- ☐ Sole proprietor (SSN)
- ☐ Partnership
- ☐ REMIC
- ☐ State/local government
- ☐ Church or church-controlled organization
- ☐ Other nonprofit organization (specify) ▶
- ☒ Other (specify) ▶ Not for Profit Corporation
- ☐ Personal service corp.
- ☐ National Guard
- ☐ Farmers' cooperative
- ☐ Estate (SSN of decedent)
- ☐ Plan administrator (SSN)
- ☐ Other corporation (specify) ▶
- ☐ Trust
- ☐ Federal government/military

(enter GEN if applicable)

8b If a corporation, name the state or foreign country (if applicable) where incorporated — State: Florida — Foreign country: N/A

9 Reason for applying (Check only one box.) (see instructions)
- ☐ Started new business (specify type) ▶
- ☐ Hired employees (Check the box and see line 12.)
- ☐ Created a pension plan (specify type) ▶
- ☒ Banking purpose (specify purpose) ▶ deposit funds from services, grant
- ☐ Changed type of organization (specify new type) ▶ donations, etc.
- ☐ Purchased going business
- ☐ Created a trust (specify type) ▶
- ☐ Other (specify) ▶

10 Date business started or acquired (month, day, year) (see instructions)
N/A

11 Closing month of accounting year (see instructions)
December 31

12 First date wages or annuities were paid or will be paid (month, day, year). **Note:** *If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)* ▶ N/A

13 Highest number of employees expected in the next 12 months. **Note:** *If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)* ▶

Nonagricultural	Agricultural	Household
0	0	0

14 Principal activity (see instructions) ▶ Nonprofit organization to prevent teen pregnancy

15 Is the principal business activity manufacturing? ☐ Yes ☒ No
If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check one box.
☐ Public (retail) ☐ Other (specify) ▶ ☐ Business (wholesale) ☒ N/A

17a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No
Note: *If "Yes," please complete lines 17b and 17c.*

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name ▶ Trade name ▶

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)	City and state where filed	Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code): (904) 308-7510

Fax telephone number (include area code): (904) 308-7825

Name and title (Please type or print clearly) ▶ Carol W. Pitman, Chairman

Signature ▶ Carol W. Pitman Date ▶ 2/22/00

Note: *Do not write below this line. For official use only.*

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying

POSTED JOURNAL TRANSACTIONS BY SWDN WITHIN BENEFITTING OLO AND SITE

AUDIT LOCATION - STATEWIDE
OLO 450000 - DEPARTMENT OF STATE
SITE 00 - DEPARTMENT OF STATE

OLO 640000 - DEPARTMENT OF HEALTH
SITE 16 - DUVAL CHD - JIM PEARCE
(904)630-3280

SWDN D0000490731 ADOCNO VRN2825

ACCOUNT CODE	CF	TC	OBJECT	AMOUNT	BENEFITTING DATA ACCOUNT CODE	CF	TC	OBJECT
64 20 2 141001 64200000 16 040000 00		25	4990	61.25	45 20 2 130001 45300000 00 000100 00 INVOICE # N98006028 61.25		45	

TRANSACTION CODE TOTAL - 25 61.25 45 61.25

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Annual Report