

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90040 010 ****61.25

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DOCUMENT # N98000006028

1. Entity Name

**JACKSONVILLE ALLIANCE FOR THE PREVENTION OF ADOL
ESCENT PREGNANCY, INC.**

Principal Place of Business

Mailing Address

**900 UNIVERSITY BLVD., NORTH. STE. 501
JACKSONVILLE FL 32211**

**900 UNIVERSITY BLVD., NORTH. STE. 501
JACKSONVILLE FL 32211**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3626052**

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
Beverly R. Hamilton

Street Address (P.O. Box Number is Not Acceptable)
8040 Charmont Drive South

City
Jacksonville

FL

Zip Code
32277

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

Beverly R. Hamilton
Beverly R. Hamilton

2/21/02

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 **CD** ☒ Delete
NAME **PITMAN, CAROL**
STREET ADDRESS **4923 RIVER POINT ROAD**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VCD** ☐ Delete
NAME **HAMILTON, BEVERLY**
STREET ADDRESS **8040 CHARMONT DRIVE SOUTH**
CITY-ST-ZIP **JACKSONVILLE FL 32277**

TITLE ☒ Change ☐ Addition
NAME **Interim Chairperson**
STREET ADDRESS **Hamilton, Beverly R.**
CITY-ST-ZIP **8040 Charmont Drive South**
Jacksonville, FL 32277

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **BRYANT, THOMAS III**
STREET ADDRESS **900 CHIPPEWA STREET**
CITY-ST-ZIP **ST. AUGUSTINE FL 32086**

TITLE ☒ Change ☒ Addition
NAME **Director**
STREET ADDRESS **Afi-Leigh, Jameela A.**
CITY-ST-ZIP **7740 Southside Blvd., #201**
Jacksonville, FL 32256

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Beverly R. Hamilton
Interim Chairperson

2/21/02

(904) 398-7777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)