

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000461

1. Entity Name

ABIGAIL, INC. FOUNTAIN OF JOY

FILED

May 09, 2000 8:00 am  
Secretary of State

05-09-2000 90128 019 \*\*\*\*61.25

Principal Place of Business

Mailing Address

P.O. BOX 12631  
JACKSONVILLE FL 32209

P.O. BOX 12631  
JACKSONVILLE FL 32209-0631

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

59-3504140

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

YOUNG, EVELYN  
1445 W. 23RD STREET  
JACKSONVILLE FL 32209-4241

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	P	YOUNG, DONALD	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		P.O. BOX 12614	
CITY-ST-ZIP		JACKSONVILLE FL 32209	
TITLE	VP	WALTON, LEATRICE	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		2074 W. 15TH ST.	
CITY-ST-ZIP		JACKSONVILLE FL 32209	
TITLE	D	GOODMAN, DAN	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		1813 KAY BISCAYNE WAY	
CITY-ST-ZIP		JACKSONVILLE FL 32209	
TITLE	D	GOUDMAN, VERA	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		1813 KEY BISCAYNE	
CITY-ST-ZIP		JACKSONVILLE FL 32209	
TITLE	D	WILLIAMS, ERNESTINE	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		2645 W. EDGEWOOD AVE.	
CITY-ST-ZIP		JACKSONVILLE FL 32209	
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE	D	Williams, Ernestine	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS		P.O. Box 12631, Jax. FL 32209	
CITY-ST-ZIP			
TITLE	D	Snead, Maurice	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			
STREET ADDRESS		P.O. Box 12631	
CITY-ST-ZIP		Jax. FL 32209	
TITLE	D	Wright, Alved	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			
STREET ADDRESS		P.O. Box 12631	
CITY-ST-ZIP		Jax. FL 32209	
TITLE	D	Wright, Bernard	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			
STREET ADDRESS		P.O. Box 12631	
CITY-ST-ZIP		Jax. FL 32209	
TITLE	S	Williams, Gwendolyn	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			
STREET ADDRESS		P.O. Box 12631	
CITY-ST-ZIP		Jax. FL 32209	
TITLE	D	Patricia Martin	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			
STREET ADDRESS		P.O. Box 12631	
CITY-ST-ZIP		Jax. FL 32209	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

## II. Additions

Attachment  
C0086782  
#N9800000461

☒ Addition

Title: Director/CEO

Name: Evelyn Young

Address: P.O. Box 12634

City, St, Zip Fax: FL 32209