

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90169 039 ****61.25

DOCUMENT # N98000000461

1. Entity Name

ABIGAIL, INC. FOUNTAIN OF JOY

Principal Place of Business

Mailing Address

**P.O. BOX 12631
 JACKSONVILLE FL 32209**

**P.O. BOX 12631
 JACKSONVILLE FL 32209**

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** ☐ Delete
 NAME: **YOUNG, DONALD**
 STREET ADDRESS: **P.O. BOX 12614**
 CITY-ST-ZIP: **JACKSONVILLE FL 32209**

TITLE: ☐ Change ☒ Addition
 NAME: **Dr. Wilbert Thomas III**
 STREET ADDRESS: **P.O. Box 12631, Box, FL 32209**
 CITY-ST-ZIP: **FL 32209**

TITLE: **D** ☐ Delete
 NAME: **SNEAD, MAURICE**
 STREET ADDRESS: **PO BOX 12631**
 CITY-ST-ZIP: **JACKSONVILLE FL 32209**

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

TITLE: **D** ☒ Delete
 NAME: **WRIGHT, ALVED**
 STREET ADDRESS: **PO BOX 12631**
 CITY-ST-ZIP: **JACKSONVILLE FL 32209**

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

TITLE: **D** ☐ Delete
 NAME: **WRIGHT, BERNARD**
 STREET ADDRESS: **PO BOX 12631**
 CITY-ST-ZIP: **JACKSONVILLE FL 32209**

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

TITLE: **D** ☐ Delete
 NAME: **WILLIAMS, ERNESTINE**
 STREET ADDRESS: **PO BOX 12631**
 CITY-ST-ZIP: **JACKSONVILLE FL 32209**

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

TITLE: **CEO** ☐ Delete
 NAME: **EVELYN, YOUNG**
 STREET ADDRESS: **PO BOX 12631**
 CITY-ST-ZIP: **JACKSONVILLE FL 32209**

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:

Evelyn Young
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *May 13, 2002* *6:00 pm*

CR2E037 (9/01)