

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N95000003790 (1)**

1. Corporation Name  
**ABIDING JOY, INC.**



Principal Place of Business: **132 HURST STREET ST. AUGUSTINE FL 32095**  
Mailing Address: **132 HURST STREET ST. AUGUSTINE FL 32095**

3. Date Incorporated or Qualified: **08/07/1995**  
3a. Date of Last Report  
4. FEI Number: **59-2910413**  
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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25  
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent  
**ANDREWS, CAROLYN J  
132 HURST STREET  
ST. AUGUSTINE FL 32095**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE: <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME: <b>BENJAMIN, RUTH</b>	
STREET ADDRESS: <b>2113 GEARY ST.</b>	
CITY-ST-ZIP: <b>PALATKA FL 32177</b>	
TITLE: <b>D</b>	<input type="checkbox"/> DELETE
NAME: <b>STAFFORD, INEZ</b>	
STREET ADDRESS: <b>1048 AUDREY ST.</b>	
CITY-ST-ZIP: <b>DAYTONA BEACH FL 32017</b>	
TITLE: <b>D</b>	<input type="checkbox"/> DELETE
NAME: <b>CULLAR, LOUVENIA</b>	
STREET ADDRESS: <b>113 JULIA ST.</b>	
CITY-ST-ZIP: <b>ST. AUGUSTINE FL 32095</b>	
TITLE: <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME: <b>BRANTLEY, DORIS</b>	
STREET ADDRESS: <b>P.O. BOX 66076 N/A</b>	
CITY-ST-ZIP: <b>JACKSONVILLE FL 32208</b>	
TITLE: <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME: <b>RAYAM, CURTIS JR.</b>	
STREET ADDRESS: <b>101 LIPSCOMB PLACE</b>	
CITY-ST-ZIP: <b>ORLANDO FL 32805</b>	
TITLE: <b>D</b>	<input type="checkbox"/> DELETE
NAME: <b>ANDREWS, CAROLYN J</b>	
STREET ADDRESS: <b>132 HURST STREET</b>	
CITY-ST-ZIP: <b>ST. AUGUSTINE FL 32095</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: <b>D</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME: <b>Joan Whitty</b>	
1.3 STREET ADDRESS: <b>94 Park Place</b>	
1.4 CITY-ST-ZIP: <b>St. Augustine, Fl 32085</b>	
2.1 TITLE: <b>D</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME: <b>Julia M. Parker</b>	
2.3 STREET ADDRESS: <b>2447 4th Ave So.</b>	
2.4 CITY-ST-ZIP: <b>St. Petersburg, Fl</b>	
3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME:	
3.3 STREET ADDRESS:	
3.4 CITY-ST-ZIP:	
4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME:	
4.3 STREET ADDRESS:	
4.4 CITY-ST-ZIP:	
5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME:	
5.3 STREET ADDRESS: <b>300001854179</b>	
5.4 CITY-ST-ZIP: <b>-06/06/96--01106--001</b>	
6.1 TITLE:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME:	
6.3 STREET ADDRESS:	
6.4 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Carolyn J. Andrews* Date: **4/30/96** Daytime Phone #: **904-829-6498**

CP2E037 (12/95)