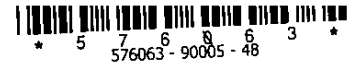


FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90119 002 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000000461 1. Corporation Name ABIGAIL, INC. FOUNTAIN OF JOY			
Principal Place of Business P.O. BOX 12631 JACKSONVILLE FL 32209		Mailing Address P.O. BOX 12631 JACKSONVILLE FL 32209	



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		01/26/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3504140	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Country		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/>	
		30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
YOUNG, EVELYN 1445 W. 23RD STREET JACKSONVILLE FL 32209-4241				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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD President <input type="checkbox"/> DELETE	1.1 TITLE	Bd Member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YOUNG, DONALD	1.2 NAME	Don Goodman
STREET ADDRESS	P.O. BOX 12614	1.3 STREET ADDRESS	1813 Key Biscayne Way
CITY-ST-ZIP	JACKSONVILLE FL 32209	1.4 CITY-ST-ZIP	Jacksonville, FL 32209
TITLE	60 Vice President <input type="checkbox"/> DELETE	2.1 TITLE	Vera Goodman Board <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALTON, LEATRICE	2.2 NAME	1813 Key Biscayne member
STREET ADDRESS	2074 W. 15TH ST.	2.3 STREET ADDRESS	Jacksonville, FL 32209
CITY-ST-ZIP	JACKSONVILLE FL 32209	2.4 CITY-ST-ZIP	Director
TITLE	TD Treasurer <input type="checkbox"/> DELETE	3.1 TITLE	Virutha Simmons <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MATHEWS, SHERLENE	3.2 NAME	5555 Playa Way #4 Secretary
STREET ADDRESS	252 WEST 68TH ST	3.3 STREET ADDRESS	Jacksonville, FL
CITY-ST-ZIP	JACKSONVILLE FL 32208	3.4 CITY-ST-ZIP	
TITLE	CEO <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Ernestine Williams <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YOUNG, EVELYN	4.2 NAME	2645 W Edgewood Ave Board
STREET ADDRESS	P.O. BOX 12631	4.3 STREET ADDRESS	Jacksonville FL 32209
CITY-ST-ZIP	JACKSONVILLE FL 32209	4.4 CITY-ST-ZIP	Director
TITLE	Virutha Simmons <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	Virutha Simmons	5.2 NAME	
STREET ADDRESS	5555 Playa Way #4	5.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville FL	5.4 CITY-ST-ZIP	
TITLE	Ernestine Williams <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	Ernestine Williams	6.2 NAME	
STREET ADDRESS	2645 W. Edgewood Ave	6.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville FL 32209	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE REQUIRED 4/30/99 Date 904)634-1344 Daytime Phone #

CR2E037 (1/198)