


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

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

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

576063-90005-48



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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

4/30/99

Date

904)634-1344

Daytime Phone

CR2E037 (1/98)