

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90128 019 ****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 32209-0631

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



DO NOT WRITE IN THIS SPACE

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	<input checked="" type="checkbox"/> Delete
NAME	YOUNG, DONALD	OK
STREET ADDRESS	P.O. BOX 12614	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	WALTON, LEATRICE	
STREET ADDRESS	2074 W. 15TH ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GOODMAN, DAN	
STREET ADDRESS	1813 KAY BISCAYNE WAY	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GOUDMAN, VERA	
STREET ADDRESS	1813 KEY BISCAYNE	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, ERNESTINE	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Williams, Ernestine	OK
STREET ADDRESS	PO Box 12631, Jax. Fl.	
CITY-ST-ZIP	32209	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Snead, Maurice	
STREET ADDRESS	P.O. Box 12631	
CITY-ST-ZIP	Jax. Fl. 32209	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wright, Alved	
STREET ADDRESS	P.O. Box 12631	
CITY-ST-ZIP	Jax. Fl. 32209	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wright, Bernard	
STREET ADDRESS	P.O. Box 12631	
CITY-ST-ZIP	Jax. Fl. 32209	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Williams, Gwendolyn	
STREET ADDRESS	P.O. Box 12631	
CITY-ST-ZIP	Jax. Fl. 32209	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Patricia Martin	
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]* **CEO** 4/28/00 634-344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)

Attachment
C0086782
#N9800000461

II. Additions

Addition

Title: Director/CEO

Name: Evelyn Young

Address: P.O. Box 12637

City, St, Zip Tax: FL 32209