2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

05-06-2003 90036 028 ****61.25
09-10-2003 90050 046 ****61.25
N98000000461

03 SEP 22 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
c/o Evelyn Young 200352	c/o Evelyn Young 200352
Suite, Apt. #, etc.: P.O. Box 6298	Suite, Apt. #, etc.: P.O. Box 6298
City & State: Tallahassee, FL	City & State: Tallahassee, FL
Zip: 32314-6298 Country: Leon	Zip: 32314-6298 Country: Leon

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: Evelyn Young 200352 (P.O. Box Is Not Acceptable) c/o Florida Attorney General; Attn: Debbie Smith The Capitol PL-01 City: Tallahassee FL Zip Code: 32399

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Evelyn Young 9/8/03
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
After September 10, 2003, min will be $236.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P YOUNG, DONALD P.O. BOX 12614 JACKSONVILLE FL 32209	☑ Delete	TITLE V.P. NAME STREET ADDRESS CITY-ST-ZIP	Joe McNeil, Vice Pres. c/o Evelyn Young 200352 P.O. Box 6298, Talla. FL 32314-6298	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SNEAD, MAURICE PO BOX 12631 JACKSONVILLE FL 32209	☑ Delete	TITLE S. NAME STREET ADDRESS CITY-ST-ZIP	Shalonda Howard, Secretary c/o Evelyn Young 200352 P.O. Box 6298, Talla. FL 32314-6298	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THOMAS, DR. WILBERT III PO BOX 12631 JACKSONVILLE FL 32209	☑ Delete	TITLE T. NAME STREET ADDRESS CITY-ST-ZIP	Hannibal Young, Treasurer c/o Evelyn Young 200352 P.O. Box 6298, Talla. FL 32314-6298	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WRIGHT, BERNARD PO BOX 12631 JACKSONVILLE FL 32209	☑ Delete	TITLE P. NAME STREET ADDRESS CITY-ST-ZIP	Evelyn Young 200352 President P.O. Box 6298 Talla., FL 32314-6298	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMS, ERNESTINE PO BOX 12631 JACKSONVILLE FL 32209	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO EVELYN, YOUNG PO BOX 12631 JACKSONVILLE FL 32209	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (4/03)

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 REQUIRED 9/8/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #