

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000004204

**Entity Name:** CALEB'S JOY FOUNDATION, INC.

**Current Principal Place of Business:**

4949 CASON COVE DR  
APT 717  
ORLANDO, FL 32811

**Current Mailing Address:**

PO BOX 618603  
ORLANDO, FL 32861 US

**FEI Number:** 85-0750787

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

MORALES, NANCY  
4949 CASON COVE DR  
APT 717  
ORLANDO, FL 32811 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title CHAIRWOMAN OF THE BOARD  
Name MORALES, NANCY  
Address 4949 CASON COVE DR APT 717  
City-State-Zip: ORLANDO FL 32811

Title VICE CHAIRMAN  
Name MORALES, PEDRO  
Address 4949 CASON COVE DR APT 717  
City-State-Zip: ORLANDO FL 32811

Title BOARD SECRETARY  
Name MOULIER, ANMARIE  
Address 45595 HAVENRIDGE STREET  
City-State-Zip: CALIFORNIA MD 20619

Title BOARD TECHNOLOGY DIRECTOR  
Name MOULIER, SAUL  
Address 45595 HAVENRIDGE STREET  
City-State-Zip: CALIFORNIA MD 20619

Title BOARD MEMBER  
Name MORALES, RUTH YADELLISE  
Address VILLA DEL CARMEN CALLE 1 A 6  
City-State-Zip: GURABO OC 00778

Title BOARD MEMBER  
Name RIVERA, ROSACHELY  
Address CALLE 1 D3 URB EL VIVERO  
City-State-Zip: GURABO OC 00778

Title BOARD MEMBER  
Name SWAIN, JESSICA  
Address 14464 CHINESE ELM DRIVE  
City-State-Zip: ORLANDO FL 32828

Title BOARD TREASURER  
Name VIVALDI, EVELYN  
Address 9493 VENEZIA PLANTATION DRIVE  
City-State-Zip: ORLANDO FL 32829

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** NANCY MORALES

**CHAIRWOMAN OF THE BOARD**

**01/31/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title BOARD DIRECTOR OF PUBLIC AFFAIRS  
Name MARTINEZ , LUIS M  
Address 9743 OLD PATINA WAY  
City-State-Zip: ORLANDO FL 32832