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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N97000006837			
1. Corporation Name TRUST AND JOY TO HELP ALL JESUS CHILDREN INTERNATIONAL INC.			
Principal Place of Business 2231 9TH AVENUE WEST BRADENTON FL 34205		Mailing Address 2231 9TH AVENUE WEST BRADENTON FL 34205	



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 12/08/1997 4. FEI Number 65-0678304 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent MORAME, JULIA 2231 9TH AVENUE WEST BRADENTON FL 34205				10. Name and Address of New Registered Agent 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		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	VP	<input type="checkbox"/> DELETE			
NAME	MORAME, HENRILUS				
STREET ADDRESS	2231 9TH AVE W				
CITY-ST-ZIP	BRADENTON FL 34205				
TITLE	P	<input type="checkbox"/> DELETE			
NAME	MORAME, JULIA				
STREET ADDRESS	2231 9TH AVENUE WEST				
CITY-ST-ZIP	BRADENTON FL 34205				
TITLE	SD	<input type="checkbox"/> DELETE			
NAME	BRYANT, BRENDA				
STREET ADDRESS	2607B WATERFORD WAY				
CITY-ST-ZIP	PALMETTO FL 34221				
TITLE	TD	<input type="checkbox"/> DELETE			
NAME	RAYMOND, ELISEE				
STREET ADDRESS	1007 W. PROSPECT #203				
CITY-ST-ZIP	FORT LAUDERDALE FL 33309				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	JOSEPH, JOE ELIACIN				
STREET ADDRESS	3213 23RD AVENUE, WEST				
CITY-ST-ZIP	BRADENTON FL 34205				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	ROACH, BEALHA				
STREET ADDRESS	100 N.W. 70TH STREET				
CITY-ST-ZIP	MIAMI FL				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME	MORAME HENRILUS				
1.3 STREET ADDRESS	2231 9TH AVE W				
1.4 CITY-ST-ZIP	BRADENTON FL 34205				
2.1 TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME	JULIA MORAME JULIA				
2.3 STREET ADDRESS	2231 9TH AVE W				
2.4 CITY-ST-ZIP	BRADENTON FL 34205				
3.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME	BRYANT, BRENDA				
3.3 STREET ADDRESS	2607B WATERFORD WAY				
3.4 CITY-ST-ZIP	PALMETTO FL 34221				
4.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME	Bealha Bealha Directe				
4.3 STREET ADDRESS	100 N.W. 70TH STREET				
4.4 CITY-ST-ZIP	MIAMI FL				
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME	RV. COLLINS MILLECENT				
5.3 STREET ADDRESS	6251 SW. APL.				
5.4 CITY-ST-ZIP	MARAPORTE FL 33068				
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME	McWhorter Sybil				
6.3 STREET ADDRESS	PO Box 1297				
6.4 CITY-ST-ZIP	BRADENTON FL 34205				

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** *Julia Morame*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (1/98)