

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

Attn. to MR. Jim Kelley

DOCUMENT # N97000006837

1. Entity Name *TRUST and Joy to help all*



FILED

05 JAN -5 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
306 Landcaster
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 622214
Suite, Apt. #, etc.

City & State
Orlando FL.

City & State
Orlando FL.

4. FEI Number
65-0678304

Applied For
Not Applicable

Zip
32809

Country
orange

Zip
32862-2214

Country
orange

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name *JULIA MORAME*

Street Address (P.O. Box Number is Not Acceptable)
872 B Quito AVE

City
(Orlando)

City
Orlando

FL

Zip Code
32807

**DO NOT WRITE
IN THIS SPACE**

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

10-7-04

DATE

FEE IS \$61.25
Initial or Amended UBR

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PRESIDENT REV. HENRILUS MORAME 872 B Quito AVE Orlando FL. 32807</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Board Member Fabiola Fisher 1077 Metro West FL. 32805 Orlando FL.</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Board Member REV. DENIS NEREUS 306 Landcaster Rd Orlando FL. 32809</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VICE P JULIA MORAME 872 B Quito AVE Orlando FL. 32807</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Board Member PAULINA LOUIS 3546 N. Lake Mann Orlando FL. 32805</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

300045460053
01/26/05--01045--009 **61.25

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

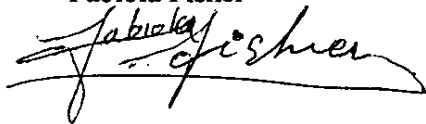
CR2E037B (12/02)

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

Hi my name is Fabiola Fisher, a board member for the non-profit organization Trust and Joy. Julia Morame, president of Trust and Joy, received a call on December 6, 2004. From a Mrs. Tina Robert regarding the form E payment. The payment was sent and returned several times. She also said a notice was sent out, but we never received any letters or notices. My document number is n97000006837. If you could please give me a call at my house (407) 273-1738 or at my cell (407) 923-5677. Please call me at this number so we can straighten this out. Thank you, and may God bless.

Sincerely,
Fabiola Fisher



To whom it concerns
please send all
my mail to my
P.O. Box 622214
Orlando, FL 32862-2214
Thank you