

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

07 JAN -5 PM 5:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000006837

1. Entity Name
TRUST AND JOY TO HELP ALL JESUS CHILDREN
INTERNATIONAL INC.



Principal Place of Business
306 LANCASTER ROAD
ORLANDO, FL 32809

Mailing Address
P.O. BOX 622214
ORLANDO, FL 32862-2214



2. Principal Place of Business

306 LANCASTER Road

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 622214

Suite, Apt. #, etc.

12062006

Chg-NP

CR2E037 (4/06)

City & State

Orlando FL

City & State

Orlando FL

4. FEI Number

65-0678304

Applied For

Not Applicable

Zip

32809

Country

Orange

Zip

32862

Country

Orange

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORAME, JULIA
4567 COVE DRIVE
APT. 103
ORLANDO, FL 32812

7. Name and Address of New Registered Agent

Name JULIA MORAME

Street Address (P.O. Box Number is Not Acceptable)

4700 Spottswood Dr

City

Orlando

FL

Zip Code

32812

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12-08-06

Amended AR is \$61.25

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

TITLE P
NAME MORAME, HENRILUS REV
STREET ADDRESS 4567 COVE DRIVE, APT 103
CITY-ST-ZIP ORLANDO, FL 32807 ☐ Delete

TITLE V
NAME MORAME, JULIA
STREET ADDRESS 4567 COVE DRIVE, APT 103
CITY-ST-ZIP ORLANDO, FL 32807 ☐ Delete

TITLE BM
NAME FISHER, FABIOLA
STREET ADDRESS 1077 METRO WEST
CITY-ST-ZIP ORLANDO, FL ☐ Delete

TITLE BM
NAME NEREUS, DENIS REV
STREET ADDRESS 306 LANCASTER ROAD
CITY-ST-ZIP ORLANDO, FL 32805 ☐ Delete

TITLE BM
NAME ST. JEAN, JACKOBERT
STREET ADDRESS 2813 GREENFIELD AVENUE
CITY-ST-ZIP ORLANDO, FL 32805 ☐ Delete

TITLE BM
NAME NEREUS VEYONNE
STREET ADDRESS 1140 ABBERTON Dr
CITY-ST-ZIP ORLANDO, FL 32837 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE BM
NAME DARILUS YVES
STREET ADDRESS 1508 RIDGE Point Dr
CITY-ST-ZIP Orlando FL 32808 ☐ Change ☐ Addition

TITLE BM
NAME SIMON MARIE
STREET ADDRESS 4700 Spottswood Dr
CITY-ST-ZIP Orlando FL 32812 ☐ Change ☐ Addition

TITLE BM
NAME JEAN WILNER
STREET ADDRESS 2813 GREENFIELD AVE
CITY-ST-ZIP Orlando FL 32808 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-08-06

Date

Daytime Phone #