

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008274

FILED
Apr 28, 2006
Secretary of State

Entity Name: TRUE LIGHT, INC.

Current Principal Place of Business:

605 MARY ST
PUNTA GORDA, FL 33950

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 511045
PUNTA GORDA, FL 33951 US

New Mailing Address:

FEI Number: 27-0001063

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NURSE, GARCIELA
12951 SW KINGS ROW
ARCADIA, FL 34269 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: NURSE, GARCIELA
Address: 12951 SW KINGS ROW
City-St-Zip: ARCADIA, FL 34269

Title: D () Delete
Name: WINESETT, LEVI
Address: 341 FAIRHAVEN STREET
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: T () Delete
Name: OLIVER, EARLENE
Address: 421 E HELEN AVENUE
City-St-Zip: PUNTA GORDA, FL 33950

Title: D () Delete
Name: MOORE, JAMES
Address: 515 E. VIRGINIA AVE.
City-St-Zip: PUNTA GORDA, FL 33950

Title: PD () Delete
Name: THOMAS, KIMBERLY
Address: 14422 WORTHWHILE RD. #32
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: D () Delete
Name: NURSE, ORSON
Address: 12951 SW KINGS ROW
City-St-Zip: LAKE SUZY, FL 34269

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GRACIELA NURSE

DPS

04/28/2006

Electronic Signature of Signing Officer or Director

Date