2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2009
Secretary of State

DOCUMENT# N01000008274

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:	VP	( ) Delete
Name:	NURSE, GRACIELA	
Address:	12951 SW KINGS ROW	
City-St-Zip:	ARCADIA, FL 34269	
Title:	P	( ) Delete
Name:	THOMAS, ISAAC	
Address:	26372 ASUNCION DR	
City-St-Zip:	PUNTA GORDA, FL 33983	
Title:	TS	( ) Delete
Name:	PRICE, NA'SHARA	
Address:	325 BOCA GRANDE BLVD	
City-St-Zip:	PUNTA GORDA, FL 33950	
Title:	D	( ) Delete
Name:	EVANS, JEROME	
Address:	1409 WOODLAWN AVE.	
City-St-Zip:	PUNTA GORDA, FL 33950	
Title:	D	( ) Delete
Name:	GIBBONS, SR., FRED	
Address:	350 LEONA ST.	
City-St-Zip:	PUNTA GORDA, FL 33950	
Title:	D	( ) Delete
Name:	BROOKS, DAVID	
Address:	2317 MONTPELIER RD.	
City-St-Zip:	PUNTA GORDA, FL 33950	

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
Name:	
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 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: NA'SHARA PRICE TS 02/03/2009

Electronic Signature of Signing Officer or Director — Date