

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009195

FILED  
Jan 24, 2009  
Secretary of State

**Entity Name:** SUNLIGHT PALLBEARERS CHARITABLE SOCIETY NO. 57 CORP.

**Current Principal Place of Business:**

3348 HARRY ST  
APOPKA, FL 32712

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 802  
ZELLWOOD, FL 32798

**New Mailing Address:**

**FEI Number:** 90-0438174

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WILLIAMS, TOMMIE  
3348 HARRY ST  
APOPKA, FL 32712 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: D ( ) Delete  
Name: MOFFETT, S J PASTOR  
Address: 3348 HARRY ST  
City-St-Zip: APOPKA, FL 32712

Title: PD ( ) Delete  
Name: HINES, EDDIE  
Address: 3348 HARRY ST  
City-St-Zip: APOPKA, FL 32712

Title: VPD ( ) Delete  
Name: WILLIAMS, TOMMIE  
Address: 3348 HARRY ST  
City-St-Zip: APOPKA, FL 32712

Title: SD ( ) Delete  
Name: HINES, ELIZABETH  
Address: 3348 HARRY ST  
City-St-Zip: APOPKA, FL 32712

Title: FSD ( ) Delete  
Name: NEAL, VIRGINIA  
Address: 3348 HARRY ST  
City-St-Zip: APOPKA, FL 32712

Title: TD ( ) Delete  
Name: MCCRARY, THOMAS  
Address: 3348 HARRY ST  
City-St-Zip: APOPKA, FL 32712

**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: VIRGINIA NEAL

FSD

01/24/2009

Electronic Signature of Signing Officer or Director

Date