**FILED** 

Jul 09 1998 8:00am

Secretary of State

## SECOND NOTICE: CORPORATION MILL BE DISSOLVED OF OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE CUIDAGE. SOLVED, SOLVED, MINIMUM ANOUNT DUE TO REMSTATE. 1236. (5).

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # N9700003415 (3)

## TRUELIGHT PALLBEARERS CHARITABLE SOCIETY, INC.

<u></u>				
Principal Place of Business Mailing Address				i eddings mid tones annis edter dails aus dallan still dradt tildte bill ton
NEW PROVIDENCE MISSIONARY BAPTIST CHURCH 960 N.W. 53 ST. MIAMI FL 33127		NEW PROVIDENCE MISSIONARY BAPTIST CHURCH 950 N.W. 53 ST. MIAMI FL 33127		06/12/1997
}				4. FEI Number   Applied For   (45 - 0770 332   Not Applicable
2. Principal F	Place of Business	2a. Malling Address 26 1030 N.W. 4	4 Stree	5 Contigueto of Status Desired   \$8.75 Additional
Suite, Apt	#, etc.	Suite, Apt. #, etc.	1 51100	6. Election Campaign Financing \$5.00 May Be
22		27]	<del> </del>	Trust Fund Contribution Added to Fees
City & Sta	te -	City & State	lorida	7. Is this nonprofit corporation a homeowners association?
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year intangible
24	25	29 33127	USA.	Personal Property Tax due June 30. Yes No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered Agent
			81 Name	
NAILS, ALEAN			82 Stree	Address (P.O. Box Number is Not Acceptable)
1030 N.W. 44 ST. MIAMI FL 33127			83	
	<b></b>		84 City	85 Zip Code
		<u> </u>		FL!
11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.				
SIGNATURE  Bignature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE				
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	DELETE	1.1 TITLE	Change Addition
NAME	ANDERSON, PEARL		12 NAME	
STREET ADDRESS			1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL		1.4 CITY-ST-ZIP	
TITLE	IDV	DELETE	2.1 TITLE	Change Addition
NAME	PEOPLES, EDDIE		2.2 NAME	
STREET ADDRESS	1 1400 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL		2.4 CITY-ST-ZIP	
TITLE	OBAWEODO DATOICIA	DELETE	3.1 TITLE	Change Addition
NAME	ORAWFORD, PATRICIA   3240 N.W. 46 ST.	1	3.2 NAME	
STREET ADDRESS CITY-ST-ZIP	MAMI FL		3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE	DT	DELETE	4.1 TITLE	DT Change 1 Addition
NAME	MC KALLY, HENRY	₩ nerese	4.2 NAME	Becton, Lattie Change L. Addition
STREET ADDRESS	18720 N.W. 37 CT.		4.3 STREET ADDRESS	Becton, Lottie 13805 N.W. 10 Ave
CITY-ST-ZIP	MAMI FL		4.4 CITY-ST-ZiP	Migmi, FL
TITLE	D	DELETE	5.1 TITLE	Change Addition
NAME	NAILS, ALEAN		5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP	MAMI FL		5.4 CITY-ST-ZIP	
TITLE		DELETE	6.1 TITUE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

<u>7-4-98(305) 6336630</u>