

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90049 035 ****61.25

DOCUMENT # N97000003415

1. Entity Name
 Truelight Pallbearers Charitable Society, Inc.

Principal Place of Business: New Providence Baptist Church
 Mailing Address: 700 NW. 53 St Miami, FL 33129

00060879

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
Alean Nails 1030 NW 44 St. Miami, FL 33127				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL		Zip Code	

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.

SIGNATURE: *Alean Nails*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	Registering Agent <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alean Nails	NAME		NAME		NAME	
STREET ADDRESS	1030 NW 44 St	STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	Miami FL 33127	CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	President Emeritus <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pearl Anderson	NAME		NAME		NAME	
STREET ADDRESS	1002 Douglas Ave	STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	West Palm Beach, FL	CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	Vice President <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eddie Peoples	NAME	Rev. Johnnie F. McGregor	NAME		NAME	
STREET ADDRESS	1002 Douglas Ave	STREET ADDRESS	18925 N.W. 43 Ct.	STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	West Palm Beach	CITY-ST-ZIP	Miami FL	CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	Financial Secretary <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patricia Crawford	NAME		NAME		NAME	
STREET ADDRESS	3240 NW 46 St	STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	Miami FL 33142	CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	Treasurer <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lottie G. Becton	NAME		NAME		NAME	
STREET ADDRESS	13805 NW 10 Ave	STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33150	CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME		NAME		NAME	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 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: *Alean Nails* SIGNATURE REQUIRED 5/20/00 305 633 6630
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/99)