

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2001 8:00 am
Secretary of State

08-08-2001 90001 048 ****61.25

0037879

DOCUMENT # N97000003415

1. Entity Name

TRUELIGHT PALLBEARERS CHARITABLE SOCIETY, INC.

Principal Place of Business

**NEW PROVIDENCE MISSIONARY BAPTIST CHURCH
 950 N.W. 53 ST.
 MIAMI FL 33127**

Mailing Address

**1030 N W 44TH ST
 MIAMI FL 33127
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0770332

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NAILS, ALEAN
 1030 N.W. 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 _____

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.

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** Delete
 NAME **ANDERSON, PEARL**
 STREET ADDRESS **1002 DOUGLAS AVE**
 CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **DPRESIDENT** Change Addition
 NAME **HOOKER, ROOSEVELT**
 STREET ADDRESS **3061 Elizabeth Street.**
 CITY-ST-ZIP **MIAMI FL 33133**

TITLE **DV** Delete
 NAME **PEOPLES, EDDIE**
 STREET ADDRESS **1002 DOUGLAS AVE**
 CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **DV** Change Addition
 NAME **CRAWFORD, PATRICIA**
 STREET ADDRESS **3240 NW 46 ST**
 CITY-ST-ZIP **MIAMI FL 33142**

TITLE **VS** Delete
 NAME **MCGREGOR, JOHNNIE F REV**
 STREET ADDRESS **18925 N. W. 43 CT.**
 CITY-ST-ZIP **MIAMI FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DT** Delete
 NAME **BECTON, LOTTIE**
 STREET ADDRESS **13805 N W 10TH AVE**
 CITY-ST-ZIP **MIAMI FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **NAILS, ALEAN**
 STREET ADDRESS **1030 N.W. 44 ST.**
 CITY-ST-ZIP **MIAMI FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 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* **REQUIRED**

1/3/01 305 633 6630

CR2E037 (10/00)