2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N9700003415

Entity Name: TRUELIGHT PALLBEARERS CHARITABLE SOCIETY, INC.

Current Principal Place of Business:		New Principal Place of Business:	
C/O NEW PROVIDENCE MBC 950 NW 53 STREET MIAMI, FL 33127		C/O NEW PROVIDENCE MBC 760 NW 53 STREET MIAMI, FL 33127	
Current Mailing Address:		New Mailing Address	:
C/O NEW PROVIDENCE MBC 950 NW 53 STREET MIAMI, FL 33127		C/O NEW PROVIDENCE MBC 760 NW 53 STREET MIAMI, FL 33127	
FEI Number: 65-0770332	FEI Number Applied For ()	FEI Number Not Applicable()	Certificate of Status Desired (X)
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:	
CRAWFORD, PATRICIA		DAVIS, VINSON REV.	

3240 NW 46 STREET MIAMI, FL 33142 US DAVIS, VINSON REV. 760 NW 53 ST MIAMI, FL 33127 US

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: VINSON DAVIS		03/10/2007		
Electronic Signa	ature of Registered Agent	Date		
OFFICERS AND DIRECTORS:	ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title:DP() DeleteName:HOOKER, ROOSEVELTAddress:3061 ELIZABETH STREICity-St-Zip:MIAMI, FL 33132				
Title: DV () Delete Name: JACKSON, JAMES Address: 6289 SW 59 PLACE City-St-Zip: SOUTH MIAMI, FL 3314	Title: Name: Address: 3 City-St-Zip:			
Title: DS () Delete Name: CRAWFORD, PATRICIA Address: 3240 NW 46 STREET City-St-Zip: MIAMI, FL 33142	Title: Name: Address: City-St-Zip:	760 NW 53 ST		
Title:DT() DeleteName:BECTON, LOTTIEAddress:13805 N W 10TH AVECity-St-Zip:MIAMI, FL 33150	Title: Name: Address: City-St-Zip:	D (X) Change () Addition MARTHA, FERGUSON B 760 NW 53 ST MIAMI, FL 33127		
Title: DV () Delete Name: WITHERSPOON, CHARI Address: 950 NW 53 STREET City-St-Zip: MIAMI, FL 33127	LES Title: Name: Address: City-St-Zip:			
Title: () Delete Name: Address: City-St-Zip:	Title: Name: Address: City-St-Zip:			

I hereby certify that the information supplied with this filing does not qualify for the 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:	VINSON DAVIS	CEO	03/10/2007
	Electronic Signature of Signing Officer or Director		Date

- FILED - Mar 10, 2007 Secretary of State