


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # N97000003415
 1. Entity Name
TRUELIGHT PALLBEARERS CHARITABLE SOCIETY, INC.



Principal Place of Business C/O NEW PROVIDENCE MBC 760 NW 53 STREET MIAMI, FL 33127 US	Mailing Address C/O NEW PROVIDENCE MBC 760 NW 53 STREET MIAMI, FL 33127 US
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DO NOT WRITE IN THIS SPACE



04142008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0770332	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DAVIS, VINSON
760 NW 53 ST
MIAMI, FL 33127

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when retaking) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO DAVIS, VINSON 760 NW 53 ST MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOOKER, ROOSEVELT 760 NW 53 ST MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGEE, JIMMIE 760 NW 53 ST MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERGUSON, MARTHA B 760 NW 53 ST MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, MYRA 760 NW 53 ST MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAHAM, ANNIE 760 NW 53 ST MIAMI, FL 33127

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 05/27/08-80075-024 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/2008 796-390-9859
 Date Daytime Phone #