

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003415

FILED
Apr 05, 2009
Secretary of State

Entity Name: TRUELIGHT PALLBEARERS CHARITABLE SOCIETY, INC.

Current Principal Place of Business:

C/O NEW PROVIDENCE MBC
760 NW 53 STREET
MIAMI, FL 33127 US

New Principal Place of Business:

Current Mailing Address:

C/O NEW PROVIDENCE MBC
760 NW 53 STREET
MIAMI, FL 33127 US

New Mailing Address:

FEI Number: 65-0770332 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, VINSON
760 NW 53 ST
MIAMI, FL 33127 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: DAVIS, VINSON
Address: 760 NW 53 ST
City-St-Zip: MIAMI, FL 33127 US

Title: D () Delete
Name: HOOKER, ROOSEVELT
Address: 760 NW 53 ST
City-St-Zip: MIAMI, FL 33127 US

Title: D () Delete
Name: MCGEE, JIMMIE
Address: 760 NW 53 ST
City-St-Zip: MIAMI, FL 33127 US

Title: D () Delete
Name: FERGUSON, MARTHA B
Address: 760 NW 53 ST
City-St-Zip: MIAMI, FL 33127 US

Title: D () Delete
Name: WILLIAMS, MYRA
Address: 760 NW 53 ST
City-St-Zip: MIAMI, FL 33127 US

Title: D () Delete
Name: GRAHAM, ANNIE
Address: 760 NW 53 ST
City-St-Zip: MIAMI, FL 33127 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

04/05/2009

Electronic Signature of Signing Officer or Director

Date