

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90099 039 ****61.25

DOCUMENT # N00000002890

1. Entity Name

**ONE LIGHT IN THE DARKNESS OUTREACH MINISTRY
PENTECOSTAL CHURCH-O.L.I.D.O.M., INC.**



Principal Place of Business

**1206 MAY FLOWER DRIVE
LAKELAND FL 33810**

Mailing Address

**P.O. BOX 91645
LAKELAND FL 33804**

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

59-3641766

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

**BRANA, RAFAEL
1206 MAY FLOWAR DR.
LAKELAND FL 33810**

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

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
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **BRANA, RAFAEL**
STREET ADDRESS **1206 MAY FLOWAR DR.**
CITY-ST-ZIP **LAKELAND FL 33810**

TITLE **VD** ☐ Delete
NAME **BRANA, RAFAEL JR**
STREET ADDRESS **1206 MAY FLOWER DRIVE**
CITY-ST-ZIP **LAKELAND FL 33810**

TITLE **TT** ☐ Delete
NAME **BRANA, YOLANDA**
STREET ADDRESS **1206 MAY FLOWAR DR.**
CITY-ST-ZIP **LAKELAND FL 33810**

TITLE **TT** ☐ Delete
NAME **BRANA, RAFAEL JR**
STREET ADDRESS **1206 MAY FLOWAR DR.**
CITY-ST-ZIP **LAKELAND FL 33810**

TITLE **ST** ☐ Delete
NAME **DAVILA, MARIBEL**
STREET ADDRESS **1206 MAY FLOWER DR**
CITY-ST-ZIP **LAKELAND FL 33810**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #