

FILED
May 01, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000006997

1. Corporation Name
LIGHT FOR THE NATIONS CHURCH, INC.

Principal Place of Business 11705 OLD DADE CITY ROAD KATHLEEN FL 33849	Mailing Address 11705 OLD DADE CITY ROAD KATHLEEN FL 33849
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2. Principal Place of Business 21	2a. Mailing Address 28	3. Date Incorporated or Qualified 12/09/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3559537
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent ARGUELLES, EDWARD 11705 OLD DADE CITY ROAD KATHLEEN FL 33849	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Edward Arguelles DATE: 4/29/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARGUELLES, EDUARDO	1.2 NAME	
STREET ADDRESS	11705 OLD DADE CITY RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	KATHLEEN LF 33849	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALCARAZ, MIRTHA E	2.2 NAME	
STREET ADDRESS	P O BOX 428 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	KATHLEEN FL 33849	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE ARGUELLES, ANNA R	3.2 NAME	
STREET ADDRESS	11705 OLD DADE CITY ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	KATHLEEN FL 33849	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORTIZ, WILFREDO	4.2 NAME	
STREET ADDRESS	P O BOX 292066 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33847	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARGUELLES, CARLA B	5.2 NAME	
STREET ADDRESS	PO BOX 428	5.3 STREET ADDRESS	
CITY-ST-ZIP	KATHLEEN FL 33849	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed. Please attach with an address, with all other like empowered.

SIGNATURE: [Signature] DATE: 4/29/99 (941) 859-9529
Signature and typed or printed name of signing officer or director. Daytime Phone #

CR2E037 (1/88)