

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90121 003 ****61.25

0066740

DOCUMENT # N98000006997
 1. Entity Name
LIGHT FOR THE NATIONS CHURCH, INC.

Principal Place of Business Mailing Address
5233 US HWY 98 N PO BOX 428
#190 KATHLEEN FL 33849
LAKELAND FL 33809 US

606089



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3559537** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ARGUELLES, EDWARD
5233 US HWY 98 N
LAKELAND FL 33809

7. Name and Address of New Registered Agent
 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.
 SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	ARGUELLES, EDUARDO
STREET ADDRESS	11705 OLD DADE CITY RD
CITY-ST-ZIP	KATHLEEN LF 33849
TITLE	D <input type="checkbox"/> Delete
NAME	ARGUELLES, LUCAS G
STREET ADDRESS	11705 OLD DADE CITY RD
CITY-ST-ZIP	KATHLEEN FL 33849
TITLE	D <input type="checkbox"/> Delete
NAME	DE ARGUELLES, ANNA R
STREET ADDRESS	11705 OLD DADE CITY ROAD
CITY-ST-ZIP	KATHLEEN FL 33849
TITLE	D <input type="checkbox"/> Delete
NAME	ORTIZ, WILFREDO
STREET ADDRESS	P O BOX 292066 N/A
CITY-ST-ZIP	TAMPA FL 33647
TITLE	D <input type="checkbox"/> Delete
NAME	ARGUELLES, CARLA B
STREET ADDRESS	PO BOX 428
CITY-ST-ZIP	KATHLEEN FL 33849
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: EDUARDO ARGUELLES **01/06/00** **(863) 859-9529**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)