


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

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



Principal Place of Business Mailing Address
513 ARIANA ST. **513 ARIANA ST.**
LAKELAND, FL 33803 US **LAKELAND, FL 33803 US**



03212005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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, EDUARDO
513 ARIANA ST.
LAKELAND, FL 33803

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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 re-stating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2005

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

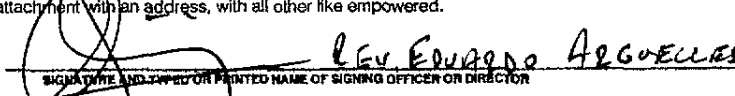
U00000355456
 05/03/05-80148-013 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ARGUELLES, EDUARDO
STREET ADDRESS	513 ARIANA ST.
CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	D
NAME	ARGUELLES, ANNA RACH
STREET ADDRESS	5078 WILLIAMSTOWN BLVD
CITY-ST-ZIP	LAKELAND, FL 33810
TITLE	D
NAME	ARGUELLES, LUCAS G
STREET ADDRESS	11705 OLD DADE CITY ROAD
CITY-ST-ZIP	KATHLEEN, FL 33849
TITLE	D
NAME	ORTIZ, WILFREDO J
STREET ADDRESS	P O BOX 292066 N/A
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	D
NAME	ORTIZ, CARLA B
STREET ADDRESS	PO BOX 292066
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	D
NAME	SOLIS, SARA
STREET ADDRESS	PO BOX 428
CITY-ST-ZIP	KATHLEEN, FL 33849

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:  **03/29/05** **863-529-3305**
 _____ Date Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR