

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90110 033 ****61.25

DOCUMENT # N98000006997

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



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

Mailing Address
 513 ARIANA ST.
 LAKELAND, FL 33803 US

2. Principal Place of Business - No P.O. Box #
400 NW 4th. Ave

3. Mailing Address
400 NW 4th. Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04212008 Chg-NP CR2E037 (12/06)



City & State
MULBERRY

City & State
MULBERRY

4. FEI Number
59-3559537

Applied For
 Not Applicable

Zip
FL 33860

Country
US

Zip
FL 33860

Country
US

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

7. Name and Address of New Registered Agent

Name
ARGUELLES, EDUARDO

Street Address (P.O. Box Number is Not Acceptable)

400 NW 4th. Ave

City
MULBERRY

FL Zip Code
33860

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 _____

Filing Fee is \$61.25
Due by May 1, 2008

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 **D** Delete
 NAME **ARGUELLES, EDUARDO**
 STREET ADDRESS **513 ARIANA ST.**
 CITY-ST-ZIP **LAKELAND, FL 33803**

TITLE **D** Delete
 NAME **ARGUELLES, ANNA RACH**
 STREET ADDRESS **5078 WILLIAMSTOWN BLVD**
 CITY-ST-ZIP **LAKELAND, FL 33810**

TITLE **D** Delete
 NAME **ARGUELLES, LUCAS G**
 STREET ADDRESS **11705 OLD DADE CITY ROAD**
 CITY-ST-ZIP **KATHLEEN, FL 33849**

TITLE **D** Delete
 NAME **ORTIZ, WILFREDO J**
 STREET ADDRESS **P O BOX 292066 N/A**
 CITY-ST-ZIP **TAMPA, FL 33647**

TITLE **D** Delete
 NAME **ORTIZ, CARLA B**
 STREET ADDRESS **PO BOX 292066**
 CITY-ST-ZIP **TAMPA, FL 33647**

TITLE **D** Delete
 NAME **SOLIS, SARA**
 STREET ADDRESS **PO BOX 428**
 CITY-ST-ZIP **KATHLEEN, FL 33849**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition
 NAME **ARGUELLES, EDUARDO**
 STREET ADDRESS **400 NW 4th. Ave**
 CITY-ST-ZIP **MULBERRY, FL 33860**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

04/22/08 863-425-7073
 Date Daytime Phone #