

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000000563

**FILED**  
**Jan 20, 2019**  
**Secretary of State**  
**8606609815CC**

**Entity Name:** MOVIMIENTO MISIONERO EVANGELISTICO LUZ A LAS NACIONES INC.

**Current Principal Place of Business:**

5902 SEABOARD AVE.  
JACKSONVILLE, FL 32244

**Current Mailing Address:**

5902 SEABOARD AVE.  
JACKSONVILLE, FL 32244 US

**FEI Number: 59-3720003**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

GARCIA, IVIS A  
1850 MANITOBA CT N  
MIDDLEBURG, FL 32068 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name GARCIA, IVIS A  
Address 1850 MANITOBA CT N  
City-State-Zip: MIDDLEBURG FL 32068

Title VD  
Name GARCIA, ELLIOT M  
Address 1850 MANITOBA CT N  
City-State-Zip: MIDDLEBURG FL 32068

Title S  
Name TUA, TERESA  
Address 2938 BENT BOW LANE  
City-State-Zip: MIDDLEBURG FL 32068

Title T  
Name ROBLES, SAMUEL  
Address 6130 NORSE DR  
City-State-Zip: JACKSONVILLE FL 32244

Title DEACON  
Name AGOSTO, CARMEN  
Address 1434 QUAIL ROOSE LN  
City-State-Zip: JACKSONVILLE FL 32220

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: IVIS A. GARCIA**

**PD**

**01/20/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date