

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90306 013 ****70.00

DOCUMENT # N02000007006

1. Entity Name

IGLESIA LUZ Y VERDAD, INCORPORATED



Principal Place of Business

1645 N WEBSTER AVE
LAKELAND FL 33805

Mailing Address

13411 MISTI LOOP
LAKELAND FL 33809

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3752627

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DE JESUS, ARTEMIO
13411 MISTI LOOP
LAKELAND FL 33809

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. 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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **DEJESUS, ARTEMIO**
STREET ADDRESS **13411 MISTI LOOP**
CITY - ST - ZIP **LAKELAND FL 33809**

TITLE **DP** ☐ Change ☐ Addition
NAME **DEJESUS, Artemio**
STREET ADDRESS **13411 MISTI LOOP**
CITY - ST - ZIP **LAKELAND, FL. 33809**

TITLE **DT** ☐ Delete
NAME **MARTINEZ, WALESKA**
STREET ADDRESS **1220 S. WABASH AVENUE**
CITY - ST - ZIP **LAKELAND FL 33815**

TITLE **D** ☒ Change ☐ Addition
NAME **Martinez, Waleska**
STREET ADDRESS **1823 Venus St.**
CITY - ST - ZIP **Lakeland, FL. 33801**

TITLE **D** ☐ Delete
NAME **PONE DELEON, MARIANO**
STREET ADDRESS **2302 PROVIDENCE RD**
CITY - ST - ZIP **LAKELAND FL 33805**

TITLE **D** ☒ Change ☐ Addition
NAME **Ponce Deleon, Mariano**
STREET ADDRESS **1223 S. Wabash Ave.**
CITY - ST - ZIP **LAKELAND, FL. 33815-3966**

TITLE **DS** ☐ Delete
NAME **DEJESUS, FRANCES**
STREET ADDRESS **13411 MISTI LOOP**
CITY - ST - ZIP **LAKELAND FL 33809**

TITLE **DS** ☐ Change ☒ Addition
NAME **deJesus, Lydia**
STREET ADDRESS **7403 Blaymont Dr.**
CITY - ST - ZIP **Lakeland, FL. 33810**

TITLE **D** ☐ Delete
NAME **DE JESUS, FRANCES**
STREET ADDRESS **13411 MISTI LOOP**
CITY - ST - ZIP **LAKELAND FL 33809**

TITLE **DT** ☐ Change ☒ Addition
NAME **Rivera, Angelita**
STREET ADDRESS **3925 N. Comline Rd.**
CITY - ST - ZIP **LAKELAND, FL. 33805**

TITLE ☐ Delete
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 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:

Lydia De Jesus **Lydia deJesus** **4/26/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #