## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## May 16, 2008 8:00 am Secretary of State DOCUMENT # N02000007006 1. Entity Name 05-16-2008 90025 003 \*\*\*\*70.00 IGLESIA LUZ Y VERDAD, INCORPORATED Principal Place of Business Mailing Address 1038 W. WALNUT ST. LAKELAND FL 33815 13411 MISTI LOOP LAKELAND FL 33809 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 59-3752627 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DE JESUS, ARTEMIO Straet Address (P.O. Box Number is Not Acceptable) 13411 MISTI LOOP LAKELAND FL 33809 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. 4-22-08 6 2 E 3 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By:May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delate TITLE ☐ Change Addition DEJESUS, ARTEMIO NAME 13411 MISTI LOOP STREET ADDRESS STREET ADDRESS LAKELAND FL 33809 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defate TITLE Change ☐ Addition MARTINEZ, JOSUE MAKIE 1823 VENUS ST STREET ADDRESS STREET ADDRESS LAKELAND FL 33801 CITY-ST-ZIP CITY-ST-ZIP ☐ Delate TITLE Change ☐ Addition ESTHER, ARGUETA C NAME NAME 1120 W. WALNUT ST. STREET ADDRESS STREET ADDRESS LAKELAND FL 33815 CITY-ST-ZIP CITY-ST-ZIP TSD TITLE ☐ Delete Change ☐ Addition DEJESUS, LYDIA NAME NAME STREET ADDRESS 7403 BEAUMONT DR. STREET ADDRESS LAKELAND FL 33810 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIT: E ☐ Change X Addition NAME NAME Gloria Le Franc 5305. FL. aue. APT 1309 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 attactment with an address, with all other like empowered.

FILED

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Control Con