

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000000676

1. Entity Name
MINISTERIO LUZ EN LAS TINIEBLAS, INC.



Principal Place of Business

**855 WALKER DRIVE
TAMPA, FL 33613**

Mailing Address

**855 WALKER DRIVE
TAMPA, FL 33613**

DO NOT WRITE IN THIS SPACE



02022006 No Chg-NP

CR2E037 (11/05)

4. FEI Number
20-0631555

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SEPULVEDA, RAMON L SR.
855 WALKER DRIVE
TAMPA, FL 33613**

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IN THIS SPACE**

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	SEPULVEDA, NOEMI
STREET ADDRESS	855 WALKER DRIVE
CITY-ST-ZIP	TAMPA, FL 33613
TITLE	D
NAME	VARGAS, JOSE M SR
STREET ADDRESS	2825 VALENTINE CT. APT. 105
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	D
NAME	VARGAS, SARA M
STREET ADDRESS	2825 VALENTINE CT. APT. 105
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	P
NAME	SEPULVEDA, RAMON L SR
STREET ADDRESS	855 WALKER DRIVE
CITY-ST-ZIP	TAMPA, FL 33613
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/17/06-80021-006 61.25

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IN THIS SPACE**

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

2-2-06

Date

Daytime Phone #