

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 24, 2004 8:00 am**  
**Secretary of State**

06-24-2004 90079 007 \*\*\*\*61.25

**DOCUMENT # N32724**

1. Entity Name  
IGLESIA CRISTIANA LUZ DE SALVACION,  
CORPORATION



Principal Place of Business

3321 MORNSIDE SIDE  
KISSIMMEE, FL 32743

Mailing Address

3321 MORNSIDE SIDE  
KISSIMMEE, FL 32743

04000694



06212004 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2946140

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

RIOS, MIGUEL A.  
3321 MORNING SIDE  
KISSIMMEE, FL 32743

**DO NOT WRITE  
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 September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	RIOS, MIGUEL A.
STREET ADDRESS	3321 MORNING SIDE
CITY - ST - ZIP	KISSIMMEE, FL
TITLE	DV
NAME	NAVARRO, IRAIDA
STREET ADDRESS	3321 MORNINGSIDE DR.
CITY - ST - ZIP	KISSIMMEE, FL
TITLE	S
NAME	CUEVAS, LAURA
STREET ADDRESS	3321 MORNINGSIDE DR
CITY - ST - ZIP	KISSIMMEE, FL 34773
TITLE	T
NAME	SANTIAGO, DAISY
STREET ADDRESS	3321 MORNINGSIDE DR
CITY - ST - ZIP	KISSIMMEE, FL 34743
TITLE	D
NAME	RIVERA, FRANCISCO
STREET ADDRESS	3321 MORNINGSIDE DR
CITY - ST - ZIP	KISSIMMEE, FL 34743
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #