


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 27, 2005 8:00 am**  
**Secretary of State**

06-27-2005 90009 001 \*\*\*\*\*8.75  
06-27-2005 90009 002 \*\*\*\*\*61.25

<b>DOCUMENT # N32724</b>	
1. Entity Name IGLESIA CRISTIANA LUZ DE SALVACION, CORPORATION	

Principal Place of Business 3321 MORNSIDE SIDE KISSIMEE, FL 32743	Mailing Address 3321 MORNSIDE SIDE KISSIMEE, FL 32743
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



05162005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2946140	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RIOS, MIGUEL A. 3321 MORNING SIDE KISSIMEE, FL 32743		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25</b> <b>Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RIOS, MIGUEL A. 3321 MORNING SIDE KISSIMEE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV NAVARRO, IRAIDA 3321 MORNINGSIDE DR. KISSIMEE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CUEVAS, LAURA 3321 MORNINGSIDE DR KISSIMEE, FL 34743 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Andres Cuevas <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3321 Morningside Dr. Kissimmee FL 34743
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SANTIAGO, DAISY 3321 MORNINGSIDE DR KISSIMEE, FL 34743 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIVERA, FRANCISCO 3321 MORNINGSIDE DR KISSIMEE, FL 34743 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Romualdo, Valentin <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3321 Morningside Dr. Kissimmee FL 34743
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 employees.

**SIGNATURE:** Miguel A. Rios **6-22-05** (407) 856-1238  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #