2005 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N32724

1. Entity Name



1. Entity Name IGLESIA CRISTIANA LUZ DE SALVACION, CORPORATION								06-27-2005 9	90009 002	2 ****61.:	25
Principal Place of Business 3321 MORNSIDE SIDE KISSIMMEE, FL 32743 Mailing Address 3321 MORNSIDE SIDE KISSIMMEE, FL 32743									11 B)BH B]BH BIZ	ı dıbli bibli didi	NIEL BLIDEL
2. Principal Place of Business 3. Mail				ailing Address							
Suite, Apt. #, etc.			Suri	Suite, Apt. #, etc.			05162005	Chg-NP	CR2E03	7 (10/03)	
City & State			Cit	City & State				4. FEI Number 59-2946140			
Zip			Zip			ry	5. Certificate of Status Desired			\$8.75 Add	
6. Name and Address of Current Registere				d Agent Name*			7. Name and A	Address of New I	Registered A	gent	
RIOS, MIGUEL A. 3321 MORNING SIDE KISSIMMEE, FL 32743						ess (P.O. Box Number	is Not Acceptab	e)			
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				City					FL	Zip Cod	е
	ions of regis	y submits this statementered agent. d or printed name of registered a	,				istered agent, or both	, in the State of Fi	Orida, Tam :	amiliar with,	and accept
Filing Fee is \$61.25 Due by September 7, 2005											
			-	9. Election Carr Trust Fund C		· -	\$5.00 May Be Added to Fees	•	lake check rida Depart		
	ue by Sep		DIRECTORS				\$5.00 May Be Added to Fees ADDITIONS/CHA	Flo	rida Depart	ment of Si	tate
10.	DP	otember;7, 2005 OFFICERS AND	DIRECTORS		11.		Added to Fees	Flo	rida Depart	ment of Si	tate
10.	DP RIOS, MI	OFFICERS AND	DIRECTORS	Trust Fund C	11. TITLE NAME		Added to Fees	Flo	rida Depart	ment of Si	tate
10. TITLE NAME	DP RIOS, MI	OFFICERS AND GUEL A. RNING SIDE	DIRECTORS	Trust Fund C	11. TITLE NAME	ADDRESS	Added to Fees	Flo	rida Depart	ment of Si	tate
10. TITLE NAME STREET ADDRESS:	DP RIOS, MII 3321 MOI KISSIMM DV	OFFICERS AND OFFICERS AND GUEL A. RNING SIDE EE, FL	DIRECTORS	Trust Fund C	11. TITLE NAME STREET	ADDRESS	Added to Fees	Flo	rida Depart	ment of Si	tate
10. TITLE NAME STREET ADDRESS: CITY-ST-ZIP TITLE NAME	DP RIOS, MII 3321 MOI KISSIMM DV NAVARR	OFFICERS AND OFFICERS AND GUEL A. RNING SIDE EE, FL O, IRAIDA	DIRECTORS	Trust Fund C	11. TITLE NAME STREET / CITY-ST TITLE NAME	ADDRESS :- ZIP	Added to Fees	Flo	rida Depart	RECTORS IN	10 Addition
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indicated only into the information supplied with this limit goes not quality for the exemption state on Section 119.7(3)(f), Florida Statutes, 1 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

FILED

Jun 27, 2005 8:00 am Secretary of State

06-27-2005 90009 001 *****8.75