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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000001903

1. Corporation Name

IGLESIA DE DIOS PENTECOSTAL LUZ EN LAS TINIEBLAS INC.

Principal Place of Business	Mailing Address
P.O. BOX 592411 ORLANDO FL 32859	P.O. BOX 592411 ORLANDO FL 32859

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

3. Date Incorporated or Qualified: 03/30/1998

4. FEI Number: 16-1452897 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

VALLE, RAFAEL
5302 LIMELIGHT CIRCLE
APT. 2
ORLANDO FL 32839

10. Name and Address of New Registered Agent

81 Name: Valle, Rafael
82 Street Address (P.O. Box Number is Not Acceptable): 2315 Myrna ST.
83
84 City: Orlando FL 85 Zip Code: 32839

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	VALLE, RAFAEL		1.2 NAME	
STREET ADDRESS	5302 LIMELIGHT CIRCLE, APT 2		1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32839		1.4 CITY-ST-ZIP	
TITLE	VD	☒ DELETE	2.1 TITLE	VD ☒ Change ☐ Addition
NAME	VAZQUEZ, JOSE L		2.2 NAME	Alberto Crespo JR.
STREET ADDRESS	2103 DIAMOND DRIVE		2.3 STREET ADDRESS	2335 Blanda ST.
CITY-ST-ZIP	ORLANDO FL 32807		2.4 CITY-ST-ZIP	Orlando, F.L. 32839
TITLE	SD	☒ DELETE	3.1 TITLE	SD ☒ Change ☐ Addition
NAME	MARIN, GLORIA		3.2 NAME	Cindy Crespo
STREET ADDRESS	6002 MAUSSER DRIVE, APT C.		3.3 STREET ADDRESS	2335 Blanda ST.
CITY-ST-ZIP	ORLANDO FL 32822		3.4 CITY-ST-ZIP	Orlando, F.L. 32839
TITLE	TD	☒ DELETE	4.1 TITLE	D ☒ Change ☐ Addition
NAME	VAZQUEZ, LUZ		4.2 NAME	Ramonita Santos
STREET ADDRESS	2103 DIAMOND DRIVE		4.3 STREET ADDRESS	2366 Blue sapphire CIR
CITY-ST-ZIP	ORLANDO FL 32807		4.4 CITY-ST-ZIP	Orlando, F.L. 32837
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

(407)

SIGNATURE: Rafael Valle **REQUIRED** 1/9/99 2480637
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #