

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90041 038 ****61.25

DOCUMENT # N98000001903

1. Entity Name

**IGLESIA DE DIOS PENTECOSTAL LUZ EN LAS
TINIEBLAS, INC.**



Principal Place of Business

**500 W OAK RIDGE RD
ORLANDO FL 32809**

Mailing Address

**2315 MYRNA ST
ORLANDO FL 32839**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

16-1452897

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VALLE, RAFAEL
2315 MYRNA ST
ORLANDO FL 32839**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **VALLE, RAFAEL**
STREET ADDRESS **5302 LIMELIGHT CIRCLE, APT 2**
CITY-ST-ZIP **ORLANDO FL 32839**

TITLE **D** ☐ Delete
NAME **SANTOS, RAMONITA**
STREET ADDRESS **2366 BLUE SAPPHIRE CIR**
CITY-ST-ZIP **ORLANDO FL 32837**

TITLE **VD** ☒ Delete
NAME **CRESPO, ALBERTO JR**
STREET ADDRESS **2335 BLANDA ST**
CITY-ST-ZIP **ORLANDO FL 32839**

TITLE **SD** ☒ Delete
NAME **CRESPO, CINDY**
STREET ADDRESS **2338 BLANDA ST**
CITY-ST-ZIP **ORLANDO FL 32839**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **1** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TRUSTEE** ☒ Change ☐ Addition
NAME **CARMEN AGUIRRE**
STREET ADDRESS **5776 KINGSGATE DR. APT. A.**
CITY-ST-ZIP **ORLANDO FL 32839**

TITLE **SD** ☒ Change ☐ Addition
NAME **LUZ EVELYN CARRASQUILLO**
STREET ADDRESS **476 DECLARATION DR**
CITY-ST-ZIP **ORLANDO FL 32809**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Rafael Valle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/04

Date

4072482538

Daytime Phone #