

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006997

1. Entity Name

LIGHT FOR THE NATIONS CHURCH, INC.

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90028 032 ****61.25

Principal Place of Business

Mailing Address

11705 OLD DADE CITY ROAD
KATHLEEN FL 33849

11705 OLD DADE CITY ROAD
KATHLEEN FL 33849-9512

2. Principal Place of Business

5233 US HIGHWAY 98 N

3. Mailing Address

P.O. Box 428

Suite, Apt. #, etc.

#190

Suite, Apt. #, etc.

City & State

LAKE LAND - FL.

City & State

KATHLEEN - FL

Zip

33809

Country

U.S.A.

Zip

33849

Country

U.S.A.

4. FEI Number

59-3559537

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

ARGUELLES, EDWARD
11705 OLD DADE CITY ROAD
KATHLEEN FL 33849

7. Name and Address of New Registered Agent

Name

ARGUELLES, EDUARDO

Street Address (P.O. Box Number is Not Acceptable)

5233 US HIGHWAY 98 N

City

LAKE LAND

FL

Zip Code

33809

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

02/16/2000
DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME D
STREET ADDRESS ARGUELLES, EDUARDO
CITY-ST-ZIP 11705 OLD DADE CITY RD
KATHLEEN FL 33849

TITLE ☒ Delete
NAME D
STREET ADDRESS ALCARAZ, MIRTHA E
CITY-ST-ZIP P O BOX 428 N/A
KATHLEEN FL 33849

TITLE ☐ Delete
NAME D
STREET ADDRESS DE ARGUELLES, ANNA R
CITY-ST-ZIP 11705 OLD DADE CITY ROAD
KATHLEEN FL 33849

TITLE ☐ Delete
NAME D
STREET ADDRESS ORTIZ, WILFREDO
CITY-ST-ZIP P O BOX 292066 N/A
TAMPA FL 33647

TITLE ☐ Delete
NAME D
STREET ADDRESS ARGUELLES, CARLA B
CITY-ST-ZIP PO BOX 428
KATHLEEN FL 33849

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS ARGUELLES, LUCAS G.
CITY-ST-ZIP 11705 OLD DADE CITY RD.
KATHLEEN - FL. 33849

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

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

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/16/2000

Date

Daytime Phone #