

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006997

1. Entity Name

LIGHT FOR THE NATIONS CHURCH, INC.

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90121 003 ****61.25

0066740

606089



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
5233 US HWY 98 N #190 LAKELAND FL 33809 US		PO BOX 428 KATHLEEN FL 33849 US	
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		Applied For	
59-3559537		Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
<input type="checkbox"/>		<input type="checkbox"/>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ARGUELLES, EDWARD 5233 US HWY 98 N LAKELAND FL 33809		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.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
DATE _____			
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Department of State			

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARGUELLES, EDUARDO	NAME	
STREET ADDRESS	11705 OLD DADE CITY RD	STREET ADDRESS	
CITY-ST-ZIP	KATHLEEN LF 33849	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARGUELLES, LUCAS G	NAME	
STREET ADDRESS	11705 OLD DADE CITY RD	STREET ADDRESS	
CITY-ST-ZIP	KATHLEEN FL 33849	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE ARGUELLES, ANNA R	NAME	
STREET ADDRESS	11705 OLD DADE CITY ROAD	STREET ADDRESS	
CITY-ST-ZIP	KATHLEEN FL 33849	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORTIZ, WILFREDO	NAME	
STREET ADDRESS	P O BOX 292066 N/A	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33647	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARGUELLES, CARLA B	NAME	
STREET ADDRESS	PO BOX 428	STREET ADDRESS	
CITY-ST-ZIP	KATHLEEN FL 33849	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/06/00 (863) 859-9529

CR2E037 (10/00)