
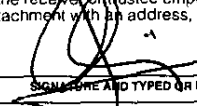


FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90375 041 ****61.25

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N98000006997			
1. Entity Name LIGHT FOR THE NATIONS CHURCH, INC.			
Principal Place of Business 5078 WILLIAMSTOWN BLVD LAKELAND, FL 33810 US		Mailing Address PO BOX 428 KATHLEEN, FL 33849 US	
2. Principal Place of Business 513 ARIANA ST.		3. Mailing Address 513 ARIANA ST.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State LAKELAND		City & State LAKELAND	
Zip FL 33803		Country FL 33803	
4. FEI Number 59-3559537		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARGUELLES, EDWARD 5078 WILLIAMSTOWN BLVD LAKELAND, FL 33810		7. Name and Address of New Registered Agent Name ARGUELLES, EDUARDO Street Address (P.O. Box Number is Not Acceptable) 513 ARIANA ST. City LAKELAND FL Zip Code 33803	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARGUELLES, EDUARDO 5078 WILLIAMSTOWN BLVD LAKELAND, FL 33810 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARGUELLES, EDUARDO 513 ARIANA ST LAKELAND, FL 33803 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARGUELLES, LUCAS G 5078 WILLIAMSTOWN BLVD LAKELAND, FL 33810 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ARGUELLES, ANNA RACH <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5078 WILLIAMSTOWN BLVD. LAKELAND, FL 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARGUELLES, LUCAS G 11705 OLD DADE CITY ROAD KATHLEEN, FL 33849 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORTIZ, WILFREDO J. P O BOX 292066 N/A TAMPA, FL 33647 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORTIZ, CARLA B PO BOX 292066 TAMPA, FL 33647 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOLIS, SARA PO BOX 428 KATHLEEN, FL 33849 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Rev. EDUARDO ARGUELLES 04/14/04 863-528-3308	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	