


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000006997	
1. Entity Name LIGHT FOR THE NATIONS CHURCH, INC.	

Principal Place of Business 513 ARIANA ST. LAKELAND, FL 33803 US	Mailing Address 513 ARIANA ST. LAKELAND, FL 33803 US
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03212005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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, EDUARDO 513 ARIANA ST. LAKELAND, FL 33803
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IN THIS SPACE**

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 re-stating) DATE

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution, <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000355456 05/03/05-80148-013 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARGUELLES, EDUARDO 513 ARIANA ST. LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARGUELLES, ANNA RACH 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORTIZ, WILFREDO J P O BOX 292066 N/A TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORTIZ, CARLA B PO BOX 292066 TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOLIS, SARA PO BOX 428 KATHLEEN, FL 33849

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IN THIS SPACE**

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:  **EDUARDO ARGUELLES** **03/29/05** **863-529-3305**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #