

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2006 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**

DO NOT WRITE IN THIS SPACE



02142006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3559537	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ARGUELLES, EDUARDO
513 ARIANA ST.
LAKELAND, FL 33803**

**DO NOT WRITE
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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**1100000447786
03/08/06-80072-007 61.25**

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 exemptions contained in Chapter 119, 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

02/28/06

863-528-3305

Date

Daytime Phone