

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2008 8:00 am**  
**Secretary of State**

05-07-2008 90110 033 \*\*\*\*61.25

**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**

2. Principal Place of Business - No P.O. Box #  
**400 NW 4th. Ave**

3. Mailing Address  
**400 NW 4th. Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**MULBERRY**

City & State  
**MULBERRY**

Zip  
**FL 33860**

Country  
**US**

Zip  
**FL 33860**

Country  
**US**

04212008 Chg-NP CR2E037 (12/06)

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**

**7. Name and Address of New Registered Agent**

Name  
**ARGUELLES, EDUARDO**

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

**400 NW 4th. Ave**

City  
**MULBERRY**

FL Zip Code  
**33860**

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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ARGUELLES, EDUARDO	
STREET ADDRESS	513 ARIANA ST.	
CITY - ST - ZIP	LAKELAND, FL 33803	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARGUELLES, ANNA RACH	
STREET ADDRESS	5078 WILLIAMSTOWN BLVD	
CITY - ST - ZIP	LAKELAND, FL 33810	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARGUELLES, LUCAS G	
STREET ADDRESS	11705 OLD DADE CITY ROAD	
CITY - ST - ZIP	KATHLEEN, FL 33849	
TITLE	D	<input type="checkbox"/> Delete
NAME	ORTIZ, WILFREDO J	
STREET ADDRESS	P O BOX 292066 N/A	
CITY - ST - ZIP	TAMPA, FL 33647	
TITLE	D	<input type="checkbox"/> Delete
NAME	ORTIZ, CARLA B	
STREET ADDRESS	PO BOX 292066	
CITY - ST - ZIP	TAMPA, FL 33647	
TITLE	D	<input type="checkbox"/> Delete
NAME	SOLIS, SARA	
STREET ADDRESS	PO BOX 428	
CITY - ST - ZIP	KATHLEEN, FL 33849	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARGUELLES, EDUARDO	
STREET ADDRESS	400 NW 4th. Ave	
CITY - ST - ZIP	MULBERRY, FL 33860	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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

04/22/08 863-425-7073  
Date Daytime Phone #