

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006997

FILED  
May 02, 2009  
Secretary of State

**Entity Name:** LIGHT FOR THE NATIONS CHURCH, INC.

**Current Principal Place of Business:**

400 NW 4TH AVENUE  
MULBERRY, FL 33860 US

**New Principal Place of Business:**

**Current Mailing Address:**

400 NW 4TH AVENUE  
MULBERRY, FL 33860 US

**New Mailing Address:**

**FEI Number:** 59-3559537 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

ARGUELLES, EDUARDO  
400 NW 4TH AVENUE  
MULBERRY, FL 33860 US

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ARGUELLES, EDUARDO  
Address: 400 NW 4TH AVENUE  
City-St-Zip: MULBERRY, FL 33860

Title: D ( ) Delete  
Name: ARGUELLES, ANNA RACH  
Address: 5078 WILLIAMSTOWN BLVD  
City-St-Zip: LAKELAND, FL 33810

Title: D ( ) Delete  
Name: ARGUELLES, LUCAS G  
Address: 11705 OLD DADE CITY ROAD  
City-St-Zip: KATHLEEN, FL 33849

Title: D ( ) Delete  
Name: ORTIZ, WILFREDO J  
Address: P O BOX 292066 N/A  
City-St-Zip: TAMPA, FL 33647

Title: D ( ) Delete  
Name: ORTIZ, CARLA B  
Address: PO BOX 292066  
City-St-Zip: TAMPA, FL 33647

Title: D ( ) Delete  
Name: SOLIS, SARA  
Address: PO BOX 428  
City-St-Zip: KATHLEEN, FL 33849

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDUARDO ARGUELLES

D

05/02/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date