FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS
95 MAR 31 PM 3:36

DOCUMENT # **707423** **(0)**

1. Corporation Name
THE CITADEL OF FAITH AND FREEDOM, INC.

Principal Place of Business	Mailing Address
P.O. BOX 432 LAKE WALES FL 33859-7432	P.O. BOX 432 LAKE WALES FL 33859-7432

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/11/1964**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-6175587** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$60.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

BROWNING, HELEN R
305 S WETMORE ST
LAKE WALES FL 33853

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP	11 TITLE	☐ Change ☐ Addition
NAME	WOLFENBARGER, IVAN	12 NAME	
STREET ADDRESS	412 LILLIAN DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	FERN PARK FL	14 CITY-ST-ZIP	
TITLE	STD	21 TITLE	☐ Change ☐ Addition
NAME	BROWNING, HELEN R	22 NAME	
STREET ADDRESS	305 S WETMORE ST	23 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL	24 CITY-ST-ZIP	
TITLE	PD	31 TITLE	☐ Change ☐ Addition
NAME	MASSEY, GARY E	32 NAME	
STREET ADDRESS	112 W CITRUS ST	33 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPGS FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	TASKER, LUTHER	42 NAME	
STREET ADDRESS	2851 AVALONA DR	43 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	WHITLOCK, LUDER G JR	52 NAME	
STREET ADDRESS	1015 MAITLAND CTR COMMONS, STE 105	53 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	D ☐ Change ☒ Addition
NAME		62 NAME	Evans, Thomas G.
STREET ADDRESS		63 STREET ADDRESS	1524 Carillon Park Drive
CITY-ST-ZIP		64 CITY-ST-ZIP	Oviedo, FL 32765

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Helen R Browning 3/14/95 813/676-1001
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OR AUTHORIZED OFFICER OR DIRECTOR — Date — Daytime Phone Number
Helen R. Browning

0048114