FILE NOW: FILING FEE IS \$61.25

NONFROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortha Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

(0)

THE CITADEL OF FAITH AND FREEDOM, INC.

								8 3 1 BILLI 1416 IBB
Principal Place of Business Mailing Address				[[ddill tool saw lots also ally sale ally sale and sale also also also also also also also also				
P.O. BOX 432 LAKE WALES FL 33859-7432 P.O. BOX 432 LAKE WALES FL 33859-7432 LAKE WALES FL 33859-7432			359-7432					
					3	3. Date Incorporated or Qualified 06/11/1964	3a. Date of L 03/3	ast Report 1/1995
2. Principal Pla	ace of Business	2a. Mailing Address			4	I. FFI Number		Applied For
21		26				59-6175587		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certificate of Status Desired		1.75 Additional Fee Required
City & State City & State 23 28				-	•	Election Campaign Financing Trust Fund Contribution	1 1 7	5.00 May Be Added to Fees
Zip	Country 25	Zip 29	30	untry		Tiorida Ottalates	Yes 🔼 No	
24	9. Name and Address of Curre	1=-1		T	1	Name and Address of New R	egistered Agent	t
BROWNING, HELEN R 305 S WETMORE ST LAKE WALES FL 33853				81 Name 82 Stree 83	Higgi t Address (.ns, <u>Helen R</u> , P.O. Box Number is Not Acceptab Wetmore Street	le)	
				84 City	Lake			33853°
SIGNATURE	to the provisions of Sections 617.05 red agent, a both, in the State of Fig. th, and adoept the obligations of, Se	ent and title if applicable.	orized by the utes. (NOTE Registers	d Agent signatur			- X _{OXTE} / /	/
12.	T DVP	AND DIRECTORS		TITLE		TENNITO TO CITATORS TO CITATORS	[] Cha	
TOTLE	WOLFENBARGER, IVAN			NAME			_	_
NAME	412 LILLIAN DRIVE			STREFT ADDRESS				
STREET ADDRESS	FERN PARK FL			CITY+ST-ZIP	"			
CITY-ST-ZIP TITLE	STD	DELETE		TITLE			k Ch	ange 🔲 Additior
NAME .	BROWNING, HELEN R 305 S WETMORE ST	_	I	name Street addres	Hig	ggins, Helen R. S. Wetmore Street		
STREET ADDRESS	LAKE WALES FL			CITY-ST-7IP		Wales, FL 33853		
CITY-ST-ZIP	PD	DELETE		TITLE	1		Ch	nange
NAME	MASSEY, GARY E	_	3.2	NAME				
STREET ADDRESS	112 W CITRUS ST		3.3	STREET ADDRES	is			
CITY-ST-ZIP	ALTAMONTE SPGS FL		3.4	CITY-ST-ZIP		<u></u>		
TITLE	D	DELETE	41	TITLE			☐ Ch	nange
NAME	TASKER, LUTHER		4 2	NAME				
STREET ADDRESS	2851 AVALONA DR		4.3	STREET ADDRES	SS	والمناسبة المناسبة ا		-,
CITY-ST-ZIP	SANFORD FL			CITY-ST-ZIP		2000017 -04/09/9601	145U2	nange
TITLE	D	DELETE	1	TITLE		***61.25	1730 53 0	range LI Additio
NAME	WHITLOCK, LUDER G JR		5.2	NAME		ጥጥጥሁ1• <u>ር</u> ጋ		
STREET ADDRESS		IMONS, STE 105		STREET ADDRES	SS			
CITY-ST-ZIP	MAITLAND FL	□ DELETE		CITY - S1 - ZIP			По	hange Additio
1		1 11351515	■ 61	THEF				

61 TITLE

6.2 NAME

63 STREET ADDRESS

6.4 CITY - ST-ZIP

SIGNATURE

EVANS, THOMAS G

OVIEDO FL

1524 CARILLON PARK DRIVE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGN TURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Helen R. Higgins

DELETE

3/19/96

941/676-1001

- 1 180 km | 1871 | 180 km |

Daytin'e Phone #

14. If 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)(k). 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 certify 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 12 if changed, or one in attachment with an address.

CR2E037 (12/95)