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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 707423					
1. Corporation Name THE CITADEL OF FAITH AND FREEDOM, INC.					
Principal Place of Business P.O. BOX 432 LAKE WALES FL 33859-7432		Mailing Address P.O. BOX 432 LAKE WALES FL 33859-7432			
2. Principal Place of Business 21 Suite, Apt. #, etc. 23 City & State 24 Zip 25 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 06/11/1964 4. FEI Number 59-6175587 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent HIGGINS, 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DVP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOLFENBARGER, IVAN		1.2 NAME		
STREET ADDRESS	412 LILLIAN DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	FERN PARK FL		1.4 CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HIGGINS, HELEN R		2.2 NAME		
STREET ADDRESS	305 S. WETMORE STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES FL 33853		2.4 CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MASSEY, GARY E		3.2 NAME		
STREET ADDRESS	112 W CITRUS ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPGS FL		3.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TASKER, LUTHER		4.2 NAME		
STREET ADDRESS	2851 AVALONA DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHITLOCK, LUDER G JR		5.2 NAME		
STREET ADDRESS	1015 MAITLAND CTR COMMONS, STE 105		5.3 STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL		5.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EVANS, THOMAS G		6.2 NAME		
STREET ADDRESS	1524 CARILLON PARK DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	OVIEDO FL		6.4 CITY-ST-ZIP		

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)