

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 707423

1. Entity Name

THE CITADEL OF FAITH AND FREEDOM, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90062 023 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 432
LAKE WALES FL 33859-7432

P.O. BOX 432
LAKE WALES FL 33859-0432

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6175587

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DVP	<input type="checkbox"/> Delete
NAME	WOLFENBARGER, IVAN	
STREET ADDRESS	412 LILLIAN DRIVE	
CITY-ST-ZIP	FERN PARK FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HIGGINS, HELEN R	
STREET ADDRESS	305 S. WETMORE STREET	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MASSEY, GARY E	
STREET ADDRESS	112 W CITRUS ST	
CITY-ST-ZIP	ALTAMONTE SPGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	TASKER, LUTHER	
STREET ADDRESS	2851 AVALONA DR	
CITY-ST-ZIP	SANFORD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITLOCK, LUDER G JR	
STREET ADDRESS	1015 MAITLAND CTR COMMONS, STE 105	
CITY-ST-ZIP	MAITLAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	EVANS, THOMAS G	
STREET ADDRESS	1524 CARILLON PARK DRIVE	
CITY-ST-ZIP	OVIEDO FL	

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	
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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 exemption stated in Section 119.07(3)(l), 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: 7

Signature Required
HELEN R. HIGGINS, Secretary - Treasurer

4/11/00

863/676-1001

Date

Daytime Phone #

CR2E037 (9/99)