2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0200004540

1. Entity Name

CITADEL OF LIFE CATHEDRAL, INC.



FILED Jan 17, 2003 8:00 am Secretary of State 01-17-2003 90023 038 ****70.00

		no mile of			\ \\ \\ \\ \\	200 WE 1859					
Principal Pla	ace of Business		Mail	ling Address			1				
2921 ORLAND	DO DR STE 180:	化多层电影中枢的线点 化二甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基	. P.O.B	OX, 954057	·····································	Felfinden van 170	o Arrigentation in	No. 20th Control of the Control	rained a		
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							1 (88)(18) 811 3		IN Ho nd Pl ok (o nd)	e ren 460 460	
2. Principal Place of Business 600 N. LakeDestiny Dr 3. Mailing Address											
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HEDE IT MAI	ZINO CHANGE	0	
City & State			<u> </u>	City 9 Charles			☐ CHECK HERE IF MAKING CHANGES				
Maitland, FL				City & State			4. FEI Number	03-0457112		Applied For Not Applicabl	
Zip 32751 Country U.S.			Z	lip	Country		5. Certificate of Status Desired \$8.75			dditional	
6. Name and Address of Current Registered Agent						Fee Required 7. Name and Address of New Registered Agent					
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CHESTER, LARRY 12344 SHADOWBROOK LN					Stre	Street Address (P.O. Box Number is Not Acceptable)					
	10 FL 32828	N LIN			-					<u></u>	
		,			City		, ,				
O The share		1 5 11 1 1 1							FL Zip Co		
the obliga	e named entity s ations of register	submits this statement for ed agent.	the purp	pose of changing its i	registered offic	e or registere	ed agent, or both, in	the State of Florida. I	am familiar with	, and accept	
	-	Ę									
SIGNATURE											
	Signature, typed or	printed name of registered agent a	nd title if ap	plicable. (NOTE:	Registered Agent s	ignature required v	when reinstating)	DA	TE		
FILE NOW: FEE IS \$61.25 9. Election Campaigr Trust Fund Contrib						~ —	\$5.00 May Be Added to Fees		eck Payable		
							Added to rees	riorida Dej	partment of	State	
10.	T 5	OFFICERS AND DIR	ECTORS		11.		DDITIONS/CHANG	ES TO OFFICERS AND	DIRECTORS I	V 10	
TITLE NAME	P CHESTE	R, LARRY BI	.כחט	Delete	TITLE	V	CMED MOS	•	☐ Change	Addition	
STREET ADDRESS 12344 SHADOWBROOM			LANE		NAME CTREET ADDRO	1 123	STER, TONI 44 SHADOWBROOK LANE		F.	, .	
CITY-ST-ZIP	ORLAND	O, FL 32828	1		STREET ADDRE		ANDO, FL		_		
TITLE	S/T			☐ Delete	TITLE	C			☐ Change	✓ Addition	
NAME	CHESTE	R, LATASHA			NAME	FLO:	RENCE, AF	THUR		Addition	
STREET ADDRESS CITY-ST-ZIP	1201 F	OX QUARRY L D. FL 32773	ANE		STREET ADDRE	SS SOS	09 FOREST	'DEL DR			
TITLE	D	<u> </u>	*. <u></u>	<u>~~~~</u> <u></u>	CITY-ST-ZIP	D D	110, FL 3	2730	·	<u> </u>	
NAME	INMAN,			Delete	TITLE NAME		E, WAYNE		☐ Change	Addition	
STREET ADDRESS		PARSONS PT			STREET ADDRE	ss 329°	7 MONTANO	AVE			
CITY-ST-ZIP		DO, FL 3444	73		CITY-ST-ZIP	SPR	ING HILL,	FL 34609			
TITLE	D			☐ Delete	TITLE	D			☐ Change	Addition	
NAME STREET ADDRESS		R, LONNIE			NAME	JOHN	NSON, JOE		_ •	~	
CITY-ST-ZIP	31U1 E TNVERNI	DEAL ST ESS, FL 344	53		STREET ADDRES		TWIGG ST				
TITLE		15 544		☐ Delete	TITLE	BROG	OKSVILLE,	FL_			
NAME	1			- Delete	NAME				☐ Change	☐ Addition	
STREET ADDRESS					STREET ADDRES	is					
CITY-ST-ZIP					CITY-ST-ZIP						
THTLE				☐ Delete	TITLE				☐ Change	☐ Addition	
NAME STREET ADDRESS				i	NAME CORET ADDRES				-		
CITY-ST-ZIP					STREET ADDRES	۰					
12. I hereby c	ertify that the inf	ormation aunolical with the	1- CU		517 ST EN			· · · · · · · · · · · · · · · · · · ·			

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

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