

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003240

FILED  
Mar 25, 2009  
Secretary of State

**Entity Name:** CITADEL OF TRUTH FAITH MINISTRIES, INC.

**Current Principal Place of Business:**

720 DELAWARE AVENUE  
B  
FT. PIERCE, FL 34950

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 1046  
FT. PIERCE, FL 349541046

**New Mailing Address:**

**FEI Number:** 20-8627280

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

STAR, DAVID  
1100 HEMLOCK CIR.  
FT. PIERCE, FL 349477236 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: REV. ( ) Delete  
Name: STAR, ISHMEEL D  
Address: 1100 HEMLOCK CIR.  
City-St-Zip: FT. PIERCE, FL 349477236

Title: REV. ( ) Delete  
Name: STAR, CANDACE  
Address: 1100 HEMLOCK CIR.  
City-St-Zip: FT. PIERCE, FL 349477236

Title: MR. ( ) Delete  
Name: SMITH, JOHN  
Address: 2001 GEORGIA AVE., APT. E  
City-St-Zip: FT. PIERCE, FL 34950

Title: MR. ( ) Delete  
Name: WILSON, DOUGLAS  
Address: 1106 N. 6TH ST.  
City-St-Zip: FT. PIERCE, FL 34950

Title: MS. ( ) Delete  
Name: WASHINGTON, LILLIE  
Address: 4790 38TH CIR.  
City-St-Zip: VERO BCH, FL 32960

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MS. (X) Change ( ) Addition  
Name: WASHINGTON, LILLIE  
Address: 606 18TH CT.  
City-St-Zip: VERO BCH, FL 32962

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CANDACE STAR

REV.

03/25/2009

Electronic Signature of Signing Officer or Director

Date