2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State
04-29-2005 90184 046 ****61.25

DOCUMENT # N96000001794

1. Entity Name
CITADEL OF HOPE CHURCH OF GOD, INC.

Principal Place of Business	Mailing Address
2005 JOHNS AVENUE LEESBURG, FL 32748	2005 JOHNS AVENUE LEESBURG, FL 32748

04182005 Chg-NP CR2E037 (10/03)

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 59-3372097 ☐ 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
WILLIAMS, DANNIE L 2005 JOHNS AVENUE LEESBURG, FL 32748	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WILLIAMS, DANNIE L 10215 BARRINGTON CT LEESBURG, FL 34788	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Haywood Richardson 2308 OLIVET Avenue Leesburg FL 34748	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAYES, TOMMY III 23147 OAK PRAIRIE CIRCLE SORRENTO, FL 32776	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JUSTIN, PHILLIP 2005 JOHN AVE LEESBURG, FL 34748	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Philip Justin 1620 Crest Avenue Leesburg FL 34748	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST JONES, ANITA J 400 JACKSON STREET WILDWOOD, FL 34785	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMS, TOMMIE 2005 JOHN AVE LEESBURG, FL 34748	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Tommie Williams 1213 CR468 Leesburg FL 34748	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RICHARDSON, JEFFREY 4311 SERENE CIRCLE FRUITLAND PARK, FL 34731	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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: _____ 4/26/05 352.787.7166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #