

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001794

FILED
Apr 28, 2006
Secretary of State

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

Current Principal Place of Business:

2005 JOHNS AVENUE
LEESBURG, FL 32748

New Principal Place of Business:

PO BOX 491593
LEESBURG, FL 34749

Current Mailing Address:

2005 JOHNS AVENUE
LEESBURG, FL 32748

New Mailing Address:

PO BOX 491593
LEESBURG, FL 34749

FEI Number: 59-3372097

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, DANNIE L
2005 JOHNS AVENUE
LEESBURG, FL 32748 US

Name and Address of New Registered Agent:

WILLIAMS, DANNIE L
10215 BARRINGTON COURT
LEESBURG, FL 34788 US

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: DANNIE L. WILLIAMS

04/28/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WILLIAMS, DANNIE L
Address: 10215 BARRINGTON CT
City-St-Zip: LEESBURG, FL 34788

Title: D () Delete
Name: HAYES, TOMMY III
Address: 23147 OAK PRAIRIE CIRCLE
City-St-Zip: SORRENTO, FL 32776

Title: D () Delete
Name: JUSTIN, PHILLIP
Address: 1620 CREST AVE
City-St-Zip: LEESBURG, FL 34748

Title: ST () Delete
Name: JONES, ANITA J
Address: 400 JACKSON STREET
City-St-Zip: WILDWOOD, FL 34785

Title: D () Delete
Name: WILLIAMS, TOMMIE
Address: 1213 CR 468
City-St-Zip: LEESBURG, FL 34748

Title: D () Delete
Name: RICHARDSON, JEFFREY
Address: 4311 SERENE CIRCLE
City-St-Zip: FRUITLAND PARK, FL 34731

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: ST (X) Change () Addition
Name: JENKINS, ANITA J
Address: 400 JACKSON STREET
City-St-Zip: WILDWOOD, FL 34785

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ANITA J. JENKINS

ST

04/28/2006

Electronic Signature of Signing Officer or Director

Date