2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

DOCUMENT# N96000001794

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

Current Principal Place of Business:

PO BOX 491593
LEESBURG, FL 34749

New Principal Place of Business:

2795 SOUTH STREET
LEESBURG, FL 34748

Current Mailing Address:

PO BOX 491593
LEESBURG, FL 34749

New Mailing Address:

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
10215 BARRINGTON COURT
LEESBURG, FL 34788 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:	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:	JENKINS, 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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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 04/02/2009

Electronic Signature of Signing Officer or Director — Date