

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001794

FILED
Jan 06, 2010
Secretary of State

Entity Name: CITADEL OF HOPE MINISTRIES, INC.

Current Principal Place of Business:

2795 SOUTH STREET
LEESBURG, FL 34748

New Principal Place of Business:

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
Name: WILLIAMS, DANNIE L
Address: 10215 BARRINGTON CT
City-St-Zip: LEESBURG, FL 34788

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

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

Title: ST
Name: JENKINS, ANITA J
Address: 400 JACKSON STREET
City-St-Zip: WILDWOOD, FL 34785

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

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

I hereby 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 all other like empowered.

SIGNATURE: ANITA J JENKINS

ST

01/06/2010

Electronic Signature of Signing Officer or Director

Date