2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 05, 2007 8:00 am Secretary of State

	ANNU	Secretary of State									
DOCU 1. Entity Nam CITADEL				02-05-2007 90133 001 ***131.25							
1929 WESTFALL DR. P			Mailing Address P.O. BOX 780611 ORLANDO, FL 32878-0611				. 00000119				
2. Principal P	Place of Business - No P.O. Box #	Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01302007 _C	hg-NP	CR2E031	7 (12/06)		
City & State			City & State				4. FEI Number Applied Fo			plied For t Applicable	
Zip Country			Zip Cou				5. Certificate of Status Desired \$8.75 Additional Fee Required				litional
	6. Name and Address of Cu	rrent Registen	ed Agent				7. Name and Acc	fress of New R	egistered A	gent	
CHESTER	, LARRY BISHOP				Name						
1929 WES	TFALL DR. D, FL 32817		Street Add			ddress (I	ress (P.O. Box Number is Not Acceptable)				
					City			<u></u>	FL	Zip Code	9
8. The above the obligat	named entity submits this statem ions of registered agent.	ent for the purp	ose of changing its	registere	ed office or	register	ed agent, or both, in	the State of Flo		miliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registerer	d agent and title if ap	plicable. (NOTE	:: Registered	J Agent signati	Deriuper enu	when reinstating)		DATE	<u>.</u>	
Filing Fee is \$61.25 Due by May 1, 2007 9. Election Campaign f Trust Fund Contribut					-		\$5.00 May Be Added to Fees Make check payable to Fiorida Department of State				
10.		ID DIRECTORS		11.			DDITIONS/CHANG	ES TO OFFICE	S AND DID	ECTODS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHESTER, LARRY 12344 SHADOWBROOK LN ORLANDO, FL 32828		☐ Delete	TITLE NAME STREE		,	BB TO	LO TO GITTOLI		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHESTER, TONI V. 12344 SHADOWBROOK LN ORLANDO, FL 32828	1	Delete		ET ADDRESS ST-ZIP	V N{K; 182 M SAM	tra Wart Jagvolia P Pord, PL	IN Ark Dr 37273	•	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SANTIAGO, KAREN 11025 DAWNVIEW LN ORLANDO, FL 32825		☐ Delete				51551 7 0	E.I.		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHESTER, LONNIE 3101 E DEAL ST INVERNESS, FL		☐ Delete			3691	ur FloreNo 09 Foresti	iel DR.		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, JOE 828 TWIGG ST ROOKSVILLE, FL		☐ Delete							☐ Change	Addition
TITLE NAME	T MARTIN, NIKITRA D		☐ Delete	NAME						☐ Change	☐ Addition

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

CITY-ST-ZIP

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SANFORD, FL 32773

CITY-ST-ZIP

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/0

107-380-7540 Daytime Phone #