
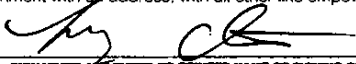


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90047 016 \*\*\*\*70.00

<b>DOCUMENT # 766381</b>					
1. Entity Name CITADEL OF LIFE CATHEDRAL, INC.					
Principal Place of Business 1929 WESTFALL DR. ORLANDO, FL 32817 US			Mailing Address P.O. BOX 780611 ORLANDO, FL 32878-0611		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01142008 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 59-3001268	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CHESTER, LARRY BISHOP 1929 WESTFALL DR. ORLANDO, FL 32817			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHESTER, LARRY		NAME	Florence Arthur	
STREET ADDRESS	12344 SHADOWBROOK LN		STREET ADDRESS	36909 Forest Del Dr.	
CITY-ST-ZIP	ORLANDO, FL 32828		CITY-ST-ZIP	Eustis FL 32736	
TITLE	V	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTIN, NIKITRA		NAME	Berry Johnny	
STREET ADDRESS	182 MAGNOLIA PARK DR		STREET ADDRESS	1586 West Lavender Ln	
CITY-ST-ZIP	SANFORD, FL 32773		CITY-ST-ZIP	Citrus Springs FL 34434	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTIAGO, KAREN		NAME		
STREET ADDRESS	11025 DAWNVIEW LN		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32825		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHESTER, LONNIE		NAME		
STREET ADDRESS	3101 E DEAL ST		STREET ADDRESS		
CITY-ST-ZIP	INVERNESS, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, JOE		NAME		
STREET ADDRESS	828 TWIGG ST		STREET ADDRESS		
CITY-ST-ZIP	ROOKSVILLE, FL		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, NIKITRA D		NAME		
STREET ADDRESS	182 MAGNOLIA PARK DR		STREET ADDRESS	2162 Camel Lake Ct	
CITY-ST-ZIP	SANFORD, FL 32773		CITY-ST-ZIP	Oveido FL 32765	
12. I hereby 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.					
SIGNATURE: 			Date: 1/15/07		Daytime Phone #: 407-380-7540
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					