

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 766381

**FILED**  
**Jan 12, 2015**  
**Secretary of State**  
**CC5962695522**

**Entity Name:** CITADEL OF LIFE CATHEDRAL, INC.

**Current Principal Place of Business:**

1865 N. ECONLOCKHATCHEE TRAIL  
ORLANDO, FL 32817

**Current Mailing Address:**

P.O. BOX 780611  
ORLANDO, FL 32878-0611

**FEI Number: 59-3001268**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

CHESTER, LARRY BISHOP  
1865 N. ECONLOCKHATCHEE TRAIL  
ORLANDO, FL 32817 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name CHESTER, LARRY  
Address 12344 SHADOWBROOK LN  
City-State-Zip: ORLANDO FL 32828

Title V  
Name CHESTER, TONI V  
Address 12344 SHADOWBROOK LN  
City-State-Zip: ORLANDO FL 32828

Title S  
Name HUDSON-SANTIAGO, KAREN  
Address 11025 DAWNVIEW LN  
City-State-Zip: ORLANDO FL 32825

Title DEACON  
Name CHESTER, LONNIE  
Address 3101 E DEAL ST  
City-State-Zip: INVERNESS FL 34450

Title DEACON  
Name JOHNSON, JOE  
Address 828 TWIGG ST  
City-State-Zip: BROOKSVILLE FL 34601

Title T  
Name FORD, VERNON  
Address 1121 MERRITT ST  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

*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: LARRY CHESTER**

**PRESIDENT**

**01/12/2015**

Electronic Signature of Signing Officer/Director Detail

Date