

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90014 001 \*\*\*\*61.25

0000080

**DOCUMENT # N01000008888**

1. Entity Name

**SHANNON BAPTIST CHURCH, INC.**

Principal Place of Business

Mailing Address

3040 GILEAD DRIVE  
 JACKSONVILLE FL 32205

3040 GILEAD DRIVE  
 JACKSONVILLE FL 32205

32254

32254

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

69-0004963

Applied For

Not Applicable

Zip

Country

Zip

Country

32254

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SULLIVAN, GEORGE C**  
**8203 LENOX AVE**  
**JACKSONVILLE FL 32221**

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.

SIGNATURE GEORGE C. SULLIVAN

*George C. Sullivan*

2/14/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **P CASTLEBERRY, FRANCIS R**  
 STREET ADDRESS **3040 GILEAD DRIVE**  
 CITY-ST-ZIP **JACKSONVILLE FL 32205**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **V MCDUFFIE, ROY**  
 STREET ADDRESS **3040 GILEAD DRIVE**  
 CITY-ST-ZIP **JACKSONVILLE FL 32205**

TITLE  Change  Addition  
 NAME **GRADY TURNER**  
 STREET ADDRESS **5306 POTOMAC**  
 CITY-ST-ZIP **JAX, FL 32254**

TITLE  Delete  
 NAME **ST DRYDEN, JAMES**  
 STREET ADDRESS **5021 LENOX AVE Lucille Rd**  
 CITY-ST-ZIP **JACKSONVILLE FL 32221 32254**

TITLE  Change  Addition  
 NAME **ST DRYDEN, JAMES**  
 STREET ADDRESS **5021 LUCILLE RD**  
 CITY-ST-ZIP **JAX, FL 32254**

TITLE  Delete  
 NAME **T ANDERSON, CONNIE**  
 STREET ADDRESS **2165 BLAIR ROAD**  
 CITY-ST-ZIP **JACKSONVILLE FL 32221**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **T SULLIVAN, GEORGE C**  
 STREET ADDRESS **8203 LENOX AVE**  
 CITY-ST-ZIP **JACKSONVILLE FL 32221**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Francis R. Castleberry*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FRANCIS R. CASTLEBERRY** 2/14/02  
 Date Daytime Phone # **904-386-3662**

CP2E037 (9/01)