


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N0100008888 1. Entity Name SHANNON BAPTIST CHURCH, INC.			
Principal Place of Business 3040 GILEAD DRIVE JACKSONVILLE FL 32254		Mailing Address 839 E HILLSBOROUGH AVE FLORAHOME FL 32140	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/05)

4. FEI Number **69-0004963** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent CASTLEBERRY, DALE L 3164 NEW BERLIN RD. JACKSONVILLE FL 32226		7. Name and Address of New Registered Agent Name _____ Street Address (P O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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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 *Dale L. Castleberry* **DALE L. CASTLEBERRY** **4-26-06**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P CASTLEBERRY, FRANCIS R 3040 GILEAD DRIVE JACKSONVILLE FL 32205	<input type="checkbox"/> Delete	TITLE	U00000551257 05/13/06-80092-017 61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	ST CASTLEBERRY, IRIS E 3164 NEW BERLIN RD. JACKSONVILLE FL 32226	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T HEASLEY, FLORA B 5291 COMMONWEALTH AVE. JACKSONVILLE FL 32254	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T CASTLEBERRY, DALE L 3164 NEW BERLIN RD. JACKSONVILLE FL 32226	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T CASTLEBERRY, DINAH J 4730 BERRY CT. KEYSTONE HEIGHTS FL 32656	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Francis R. Castleberry* **FRANCIS R. CASTLEBERRY** **4-26-06** **(386-659-2278)**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date