


FILED
Apr 17, 2007 8:00 am
Secretary of State
 04-17-2007 90239 010 ****70.00

**2007 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # N01000008888 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 - No P.O. Box # Suite, Apt #, etc.		3. Mailing Address Suite, Apt #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		03302007 Chg-NP CR2E037 (12/06)	
4. FEI Number 69-0004963				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$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 JOSE A ROBLES Street Address (P.O. Box Number is Not Acceptable) 8822 ROCKPOND MEADOW DR City JAX FL Zip Code 32221		
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 <i>Jose A Robles</i> Jose A Robles T		DATE 3-30-07		(NOTE: Registered Agent signature required when resigning)	
Filing Fee is \$81.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	P CASTLEBERRY, FRANCIS R 3040 GILEAD DRIVE JACKSONVILLE, FL 32205	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	839E HILLSBOROUGH AVE FLORAHOME, FL 32140	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CASTLEBERRY, IRIS E 3164 NEW BERLIN RD. JACKSONVILLE, FL 32226	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/T ROBLES, CARMEN M 8822 ROCKPOND MEADOW DR JAX, FL 32221	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HEASLEY, FLORA B 5291 COMMONWEALTH AVE. JACKSONVILLE, FL 32254	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRISCILLA L RIVERA 9717 PEABODY DR N JAX, FL 32221	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CASTLEBERRY, DALE L 3164 NEW BERLIN RD. JACKSONVILLE, FL 32226	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROBLES, JOSE A 8822 ROCKPOND MEADOW DR JAX, FL 32221	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CASTLEBERRY, DINAH J 4730 BERRY CT. KEYSTONE HEIGHTS, FL 32656	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/T CASTLEBERRY, DINAH D 839E HILLSBOROUGH AVE FLORAHOME, FL 32140	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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: *Rev. Francis R. Carberry* **President/Pastor** 3-30-07/386-659-2278

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