FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 13 AM 10:54

DOCUMENT # 742468 (2)

1. Corporation Name
WHITECASTLE BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
7040 US 1 NORTH ST. AUGUSTINE FL 32095	7040 US 1 NORTH ST. AUGUSTINE FL 32095

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/14/1978
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2948657 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HOLCOMB, RICHARD C, ~~REVERAND~~ DR,
230 WHITECASTLE RD
ST. AUGUSTINE FL 32095

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	HOLCOMB, RICHARD C. DR.	1.2 NAME	
STREET ADDRESS	230 WHITECASTLE RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL	1.4 CITY-ST-ZIP	32095
TITLE	~~VD~~	2.1 TITLE	TD ☒ Change ☐ Addition
NAME	LEE, RALPH K	2.2 NAME	
STREET ADDRESS	~~300 WHITECASTLE RD.~~	2.3 STREET ADDRESS	1228 Richie Dr
CITY-ST-ZIP	ST. AUGUSTINE FL	2.4 CITY-ST-ZIP	St. Augustine, FL 32086
TITLE	VD	3.1 TITLE	☒ Change ☐ Addition
NAME	HOLCOMB, KATRINA C	3.2 NAME	
STREET ADDRESS	230 WHITECASTLE RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL	3.4 CITY-ST-ZIP	32095
TITLE	TD	4.1 TITLE	VD ☐ Change ☐ Addition
NAME	PROCTOR, ROY	4.2 NAME	Boyd, Jessie
STREET ADDRESS	380 COOPERS COVE RD	4.3 STREET ADDRESS	406A Cooper Cove Rd
CITY-ST-ZIP	ST. AUGUSTINE FL	4.4 CITY-ST-ZIP	ST AUGUSTINE, FL 32095
TITLE	SD	5.1 TITLE	☐ Change ☐ Addition
NAME	KELLY, MARY	5.2 NAME	
STREET ADDRESS	6901 CATLETT RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL 32095	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Richard C Holcomb 1-16-95 904-829-0425
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0023058