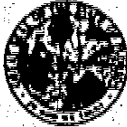


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
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

7040 US 1 NORTH
ST. AUGUSTINE FL 32095

Mailing Address

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.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOLCOMB, RICHARD C.-REVEREND DR.
230 WHITECASTLE RD
ST. AUGUSTINE FL 32095

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HOLCOMB, RICHARD C. DR.
STREET ADDRESS	230 WHITECASTLE RD.
CITY-ST-ZIP	ST. AUGUSTINE FL
TITLE	VD
NAME	LEE, RALPH K
STREET ADDRESS	300 WHITECASTLE RD.
CITY-ST-ZIP	ST. AUGUSTINE FL
TITLE	VD
NAME	HOLCOMB, KATHINA C
STREET ADDRESS	230 WHITECASTLE RD.
CITY-ST-ZIP	ST. AUGUSTINE FL
TITLE	VD
NAME	PROCTOR, ROY
STREET ADDRESS	380 COOPERS COVE RD
CITY-ST-ZIP	ST. AUGUSTINE FL
TITLE	SD
NAME	KELLY, MARY
STREET ADDRESS	6901 CATLETT RD.
CITY-ST-ZIP	ST. AUGUSTINE FL 32095
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	TD
2.3 STREET ADDRESS	1228 Richie Dr
2.4 CITY-ST-ZIP	ST. AUGUSTINE, FL 32086
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	VD
4.3 STREET ADDRESS	Boyd, Jessie
4.4 CITY-ST-ZIP	406A Cooper Cove Rd ST AUGUSTINE, FL 32095
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Time

1-16-95

704-829-0425