

FILE NOW: FILING FEE IS \$61.25

|  |   |  |
|--|---|--|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1996</b> |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

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**



3. Date Incorporated or Qualified

**04/14/1978**

3a. Date of Last Report

**03/13/1995**

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**

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, DR. RICHARD C.  
230 WHITECASTLE RD  
ST. AUGUSTINE FL 32095**

81 Name **LEE Ralph K.**

82 Street Address (P.O. Box Number is Not Acceptable)  
**1228 RICHIE DR.**

83

84 City **St. Augustine**

FL

85

Zip Code  
**32085**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **Ralph K. Lee** **RALPH K. LEE President/Director** **3-22-96**

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

(NOTE: Registered Agent signature required when filing this report)

DATE

12. OFFICERS AND DIRECTORS

|                |                                |  |
|----------------|--------------------------------|--|
| TITLE          | PD                             | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>HOLCOMB, DR. RICHARD C.</b> |  |
| STREET ADDRESS | <b>230 WHITECASTLE RD.</b>     |  |
| CITY-ST-ZIP    | <b>ST. AUGUSTINE FL</b>        |  |
| TITLE          | TD                             | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>LEE, RALPH K</b>            |  |
| STREET ADDRESS | <b>1228 RICHIE DR</b>          |  |
| CITY-ST-ZIP    | <b>ST. AUGUSTINE FL</b>        |  |
| TITLE          | VD                             | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>HOLCOMB, KATRINA C</b>      |  |
| STREET ADDRESS | <b>230 WHITECASTLE RD.</b>     |  |
| CITY-ST-ZIP    | <b>ST. AUGUSTINE FL</b>        |  |
| TITLE          | VD                             | <input type="checkbox"/> DELETE            |
| NAME           | <b>BOYD, JESSIE</b>            |  |
| STREET ADDRESS | <b>406A COOPER COVE RD</b>     |  |
| CITY-ST-ZIP    | <b>ST. AUGUSTINE FL</b>        |  |
| TITLE          | SD                             | <input type="checkbox"/> DELETE            |
| NAME           | <b>KELLY, MARY</b>             |  |
| STREET ADDRESS | <b>6901 CATLETT RD.</b>        |  |
| CITY-ST-ZIP    | <b>ST. AUGUSTINE FL 32095</b>  |  |
| TITLE          |                                | <input type="checkbox"/> DELETE            |
| NAME           |                                |  |
| STREET ADDRESS |                                |  |
| CITY-ST-ZIP    |                                |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                   |                               |  |
|-------------------|-------------------------------|--|
| 11 TITLE          | PD                            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME           | <b>LEE, RALPH K</b>           |  |
| 13 STREET ADDRESS | <b>1228 RICHIE DR.</b>        |  |
| 14 CITY-ST-ZIP    | <b>St Augustine, FL 32085</b> |  |
| 21 TITLE          |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 22 NAME           |                               |  |
| 23 STREET ADDRESS |                               |  |
| 24 CITY-ST-ZIP    |                               |  |
| 31 TITLE          |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 32 NAME           |                               |  |
| 33 STREET ADDRESS |                               |  |
| 34 CITY-ST-ZIP    |                               |  |
| 41 TITLE          |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 42 NAME           |                               |  |
| 43 STREET ADDRESS |                               |  |
| 44 CITY-ST-ZIP    |                               |  |
| 51 TITLE          |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 52 NAME           |                               |  |
| 53 STREET ADDRESS |                               |  |
| 54 CITY-ST-ZIP    |                               |  |
| 61 TITLE          |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 62 NAME           |                               |  |
| 63 STREET ADDRESS |                               |  |
| 64 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)(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: **Ralph K Lee** **RALPH K. LEE** **1-21-96 (94) 794-1605**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **3-21-96** Daytime Phone: **700001758527**

CR2E037 (12/95)