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Feb 25 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
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 32095-83013. Date Incorporated or Qualified
04/14/19783a. Date of Last Report
03/26/1996

2. Principal Place of Business

21 7040 US 1 North

Suite, Apt. #, etc.

22 St Augustine

City & State

23 FL

Zip

24 32095

Country

25 St. Johns

2a. Mailing Address

26 5837 PineCreek dr

Suite, Apt. #, etc.

27 St

City & State

28 St. Augustine FL

Zip

29 32092

Country

30 St. Johns

4. FEI Number

59-2948657

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

LEE, RALPH K
1228 RICHIE DR
ST. AUGUSTINE FL 32085

10. Name and Address of New Registered Agent

81 Name

LEE, RALPH K.

82 Street Address (P.O. Box Number is Not Acceptable)

1632 NATALIE Rd.

83 St. Augustine

City

FL

85 Zip Code

32095

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

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 NAME ☐ DELETEPD
LEE, RALPH K
1228 RICHIE DR
ST. AUGUSTINE FL 32085TITLE NAME ☒ DELETESD
KELLY, MARY
6901 CATLETT RD
ST. AUGUSTINE FL 32095TITLE NAME ☒ DELETEVD
BOYD, JESSIE C
408A COOPER COVE RD
ST. AUGUSTINE FLTITLE NAME ☐ DELETETITLE NAME
STREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ DELETETITLE NAME
STREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ DELETETITLE NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME ☒ Change ☐ Addition

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE 2.2 NAME ☐ Change ☒ Addition

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME ☐ Change ☒ Addition

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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 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:

Ralph K. Lee

Date

Daytime Phone #0001660

CFR2E037 (9/96)