

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90112 050 ****61.25

DOCUMENT # 742468

1. Corporation Name

WHITECASTLE BAPTIST CHURCH, INC.

Principal Place of Business

7040 US 1 NORTH
ST. AUGUSTINE FL 32095

Mailing Address

5837 PINE CREEK DRIVE
ST. AUGUSTINE FL 32092
US

1 7 6 4 6 3
176463 - 90112 - 50



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

04/14/1978

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

9. Name and Address of Current Registered Agent

LEE, RALPH K
1632 NATACIE ROAD
ST. AUGUSTINE FL 32095

10. Name and Address of New Registered Agent

81 Name Timmons, Scott C
82 Street Address (P.O. Box Number is Not Acceptable)
5848 PINE CREEK DRIVE
83
84 City ST. AUGUSTINE FL 85 Zip Code 32092

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

(NOTE: Registered Agent signature required when reinstating)

2-19-99
DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME LEE, RALPH K
STREET ADDRESS 1652 NATALIE ROAD
CITY-ST-ZIP ST. AUGUSTINE FL ☒ DELETE

TITLE SD
NAME NELSON, ABRAHAM SR.
STREET ADDRESS 1653 NATALIE RD.
CITY-ST-ZIP ST. AUGUSTINE FL ☒ DELETE

TITLE VD
NAME DAVIS, JANCIE
STREET ADDRESS 410 KATNACK
CITY-ST-ZIP ST. AUGUSTINE FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME Timmons, Scott C
1.3 STREET ADDRESS 5848 Pine Creek Drive
1.4 CITY-ST-ZIP ST. AUGUSTINE, FL 32092 ☒ Change ☐ Addition

2.1 TITLE SD
2.2 NAME Hurley, James H
2.3 STREET ADDRESS 7709 Hillsdale RD
2.4 CITY-ST-ZIP Jacksonville, FL 32216 ☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/99
Date

904-940-1980
Daytime Phone #

CR2E037 (1/98)