

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 07, 2002 8:00 am  
Secretary of State

04-07-2002 90571 015 \*\*\*\*\*70.00

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DOCUMENT # 742468

1. Entity Name **Whitecastle Baptist Church, Inc.**  
**LANDMARK MISSIONARY BAPTIST CHURCH, INC.**

Principal Place of Business

7040 US 1 NORTH  
ST. AUGUSTINE FL 32095

Mailing Address

1754 FOURAKER ROAD  
JACKSONVILLE FL 32221  
US

2. Principal Place of Business

3. Mailing Address

7040 US 1 North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

St. Augustine, FL

Zip

Country

Zip

Country

32095 USA

4. FEI Number

59-2948657

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JACKSON, MARVIN  
1754 FOURAKER ROAD  
JACKSONVILLE FL 32221

Name

Charles Henry

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

312 Lakeshore Dr.

St. Augustine

City

FL

Zip Code

32095

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Charles R. Henry

Charles Henry

3/20/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	JACKSON, MARVIN	
STREET ADDRESS	1754 FOURAKER ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32221	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	THOMPSON, ERNIE	
STREET ADDRESS	6531 DIAMOND LEAF CIRCLE S	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BARRON, CHARLES M	
STREET ADDRESS	8335 FREEDOM CROSSING TR. APT 2907	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRIGGS, GENE	
STREET ADDRESS	3960 JEAN STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WEBB, THOMAS	
STREET ADDRESS	1772 VILLAGE LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32221	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles Henry	
STREET ADDRESS	312 Lakeshore Dr.	
CITY-ST-ZIP	St. Augustine, FL 32095	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gary Howell	
STREET ADDRESS	2201 S.R. 16 D	
CITY-ST-ZIP	St. Augustine, FL 32084	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tammy Rogers	
STREET ADDRESS	6871 Tammy Ln.	
CITY-ST-ZIP	St. Augustine, FL 32095	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chris Smith	
STREET ADDRESS	6205 Old Dixie Dr.	
CITY-ST-ZIP	St. Augustine, FL 32095	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tanya Balcolm	
STREET ADDRESS	312 Lakeshore Dr.	
CITY-ST-ZIP	St. Augustine FL 32095	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gene Parsons	
STREET ADDRESS	4725 Avenue D	
CITY-ST-ZIP	St. Augustine FL 32095	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Charles R. Henry

Charles Henry

3/20/02

904-808-8558

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)