


**FILED**  
**Apr 06, 2004 8:00 am**  
**Secretary of State**

44025156

<b>DOCUMENT # 742468</b>				<b>Secretary of State</b> 04-06-2004 90029 045 ****61.25	
1. Entity Name <b>WHITECASTLE BAPTIST CHURCH, INC.</b>		Principal Place of Business 7040 US 1 NORTH ST. AUGUSTINE, FL 32095		Mailing Address 7040 US 1 NORTH ST. AUGUSTINE, FL 32095 US	
2. Principal Place of Business		3. Mailing Address		44025156	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03032004 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number 59-2948657	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PRICE, BRETT 6524 SHERRY LANE SAINT AUGUSTINE, FL 32095				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENRY, CHARLES		NAME	Steve Aldridge	
STREET ADDRESS	312 LAKESHORE DR.		STREET ADDRESS	7519 Springer Place	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32095		CITY-ST-ZIP	Jacksonville, FL 32244	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRICE, BRETT		NAME	Joseph Banks	
STREET ADDRESS	6524 SHERRY LANE		STREET ADDRESS	6650 Pony Lane	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32095		CITY-ST-ZIP	St. Augustine FL 32095	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, TAMMY		NAME		
STREET ADDRESS	6871 TAMMY LN.		STREET ADDRESS		
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32095		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, MARY		NAME		
STREET ADDRESS	7297 DOE RUN ROAD		STREET ADDRESS		
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32095		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARSONS, GENE		NAME		
STREET ADDRESS	4725 AVENUE D		STREET ADDRESS		
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32095		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Tammy Rogers</i>		4/11/04		904-826-1988	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	