

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90287 036 ****70.00

DOCUMENT # 742468

1. Entity 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
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2948657**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HENRY, CHARLES
312 LAKESHORE DR.
SAINT AUGUSTINE FL 32095**

7. Name and Address of New Registered Agent

Name **Brett Price**
Street Address (P.O. Box Number is Not Acceptable)
6524 Sherry Lane
City **St. Augustine** FL **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Brett Price

Brett Price

3/12/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HENRY, CHARLES	
STREET ADDRESS	312 LAKESHORE DR.	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32095	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HOWELL, GARY	
STREET ADDRESS	2201 S.R. 16 D	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32084	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ROGERS, TAMMY	
STREET ADDRESS	6871 TAMMY LN.	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32095	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SMITH, CHRIS	
STREET ADDRESS	6205 OLD DIXIE DR.	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32095	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BALCOLM, TANYA	
STREET ADDRESS	312 LAKESHORE DR.	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32095	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARSONS, GENE	
STREET ADDRESS	4725 AVENUE D	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32095	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Henry, Charles	
STREET ADDRESS	312 Lakeshore Dr.	
CITY-ST-ZIP	St. Augustine, FL 32095	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brett Price	
STREET ADDRESS	6524 Sherry Lane	
CITY-ST-ZIP	St. Augustine, FL 32095	
TITLE	TD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rogers, Tammy	
STREET ADDRESS	6871 Tammy Lane	
CITY-ST-ZIP	St. Augustine, FL 32095	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Martin, Mary	
STREET ADDRESS	7297 Doc Ruth Road	
CITY-ST-ZIP	St. Augustine, FL 32095	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Tammy Rogers **Tammy Rogers**

3/12/03

904-826-1989

CR2E037 (10/02)