


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90273 042 \*\*\*\*61.25

<b>DOCUMENT # N01000008888</b>			
1. Entity Name <b>SHANNON BAPTIST CHURCH, INC.</b>			
Principal Place of Business <b>3040 GILEAD DRIVE JACKSONVILLE FL 32254</b>		Mailing Address <b>3040 GILEAD DRIVE JACKSONVILLE FL 32254</b>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number <b>69-0004963</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>SULLIVAN, GEORGE C 8203 LENOX AVE JACKSONVILLE FL 32221 DALE L. CASTLEBERRY</b>		7. Name and Address of New Registered Agent  Name <b>DALE L. CASTLEBERRY</b> Street Address (P.O. Box Number is Not Acceptable) <b>3164 NEW BERLIN RD</b> City <b>JACKSONVILLE</b> FL <b>32226</b> Zip Code <b>32226</b>	
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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 **DALE L. CASTLEBERRY** *Dale L Castleberry* **4/18/04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P CASTLEBERRY, FRANCIS R 3040 GILEAD DRIVE JACKSONVILLE FL 32205</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST DRYDEN, JAMES 5021 LUCILLE ROAD JACKSONVILLE FL 32254</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST IRIS B CASTLEBERRY 3164 NEW BERLIN RD JAX, FL 32226</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T ANDERSON, CONNIE 2165 BLAIR ROAD JACKSONVILLE FL 32221</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FLORA B HEASLEY 5291 COMMONWEALTH AVE JAX, FL 32254</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T SULLIVAN, GEORGE C 8203 LENOX AVE JACKSONVILLE FL 32221</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T DALE L. CASTLEBERRY 3164 NEW BERLIN RD JAX, FL 32226</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DINAH J CASTLEBERRY T 4730 BERRY CT KEYSTONE HEIGHTS, FL 32656</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Francis R. Castleberry* **FRANCIS R. CASTLEBERRY** **4/22/04** **352-473-4566**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT** Date Daytime Phone #