

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 31, 2005 8:00 am**  
**Secretary of State**

03-31-2005 90037 030 \*\*\*\*61.25

**DOCUMENT # N01000008888**

1. Entity Name

SHANNON BAPTIST CHURCH, INC.



Principal Place of Business

3040 GILEAD DRIVE  
JACKSONVILLE FL 32254

Mailing Address

3040 GILEAD DRIVE  
JACKSONVILLE FL 32254

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

839 E HILLSBOROUGH AVE  
Suite, Apt. #, etc.

City & State

City & State

FLORAHOME, FL

Zip

Country

Zip

32140

Country

PUTNAM

4. FEI Number

69-0004963

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

1st MOORE

CR2E037 (10/04)

6. Name and Address of Current Registered Agent

CASTLEBERRY, DALE L  
3164 NEW BERLIN RD.  
JACKSONVILLE FL 32226

7. Name and Address of New Registered Agent

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

*[Signature]*

DALE L CASTLEBERRY

3-26-05

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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 P  
NAME CASTLEBERRY, FRANCIS R  
STREET ADDRESS 3040 GILEAD DRIVE  
CITY-ST-ZIP JACKSONVILLE FL 32205 ☐ Delete

TITLE ST  
NAME CASTLEBERRY, IRIS E  
STREET ADDRESS 3164 NEW BERLIN RD.  
CITY-ST-ZIP JACKSONVILLE FL 32226 ☐ Delete

TITLE T  
NAME HEASLEY, FLORA B  
STREET ADDRESS 5291 COMMONWEALTH AVE.  
CITY-ST-ZIP JACKSONVILLE FL 32254 ☐ Delete

TITLE T  
NAME CASTLEBERRY, DALE L  
STREET ADDRESS 3164 NEW BERLIN RD.  
CITY-ST-ZIP JACKSONVILLE FL 32226 ☐ Delete

TITLE T  
NAME CASTLEBERRY, DINAH J  
STREET ADDRESS 4730 BERRY CT.  
CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

*[Signature]*

3-26-05

1-386-659-2775

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #