
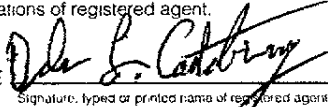


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> N0100008888			
<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> 839 E HILLSBOROUGH AVE FLORAHOME FL 32140	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
<b>6. Name and Address of Current Registered Agent</b>			
CASTLEBERRY, DALE L 3164 NEW BERLIN RD. JACKSONVILLE FL 32226		<b>Name</b> <b>Street Address</b> (P.O. Box Number is Not Acceptable) <b>City</b> <b>FL</b> <b>Zip Code</b>	
<b>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.</b>			
SIGNATURE 		DALE L. CASTLEBERRY	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required with re-registering)	
		DATE 4-26-06	



1st MOORE CR2E037 (10/05)

**4. FEI Number** 69-0004963 ☐ **Applied For**  
Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**7. Name and Address of New Registered Agent**

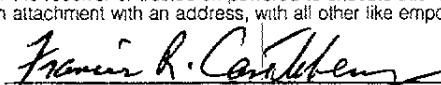
**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

**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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CASTLEBERRY, FRANCIS R		NAME		
STREET ADDRESS	3040 GILEAD DRIVE		STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE FL 32205		CITY - ST - ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CASTLEBERRY, IRIS E		NAME		
STREET ADDRESS	3164 NEW BERLIN RD.		STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE FL 32226		CITY - ST - ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HEASLEY, FLORA B		NAME		
STREET ADDRESS	5291 COMMONWEALTH AVE.		STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE FL 32254		CITY - ST - ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CASTLEBERRY, DALE L		NAME		
STREET ADDRESS	3164 NEW BERLIN RD.		STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE FL 32226		CITY - ST - ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CASTLEBERRY, DINAH J		NAME		
STREET ADDRESS	4730 BERRY CT.		STREET ADDRESS		
CITY - ST - ZIP	KEYSTONE HEIGHTS FL 32656		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 exemptions contained in Section 119, 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:**  **PRESIDENT/PASTOR**  
FRANCIS R. CASTLEBERRY 4-26-06 (386-659-2278)