


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 11, 2006 8:00 am**  
**Secretary of State**

05-11-2006 90254 001 \*\*\*\*61.25  
 05-11-2006 90254 002 \*\*\*\*\*8.75

DOCUMENT # N00000007164			
1. Entity Name THE WAYSIDE CHURCH OF GOD, INC.			
Principal Place of Business 6 HICKORY LOOP TERRACE OCALA, FL 34472		Mailing Address 6 HICKORY LOOP TERRACE OCALA, FL 34472	
2. Principal Place of Business 4 CEDAR WAY OCALA Florida		3. Mailing Address 4 CEDAR WAY OCALA Florida	
Suite, Apt. #, etc. 34472 MARION		Suite, Apt. #, etc. 34472 MARION	
City & State 34472 MARION		City & State 34472 MARION	
Zip 34472		Country MARION	
4. FEI Number 59-3682720		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <del>DUNCAN, JOSIAH</del> 6 HICKORY LOOP TERRACE OCALA, FL 34472		7. Name and Address of New Registered Agent Name: JANE LAWRENCE Street Address (P.O. Box Number is Not Acceptable): 4 CEDAR WAY OCALA Florida 34472 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: JANE LAWRENCE <i>Jane Lawrence</i> MAY 4/10/06 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	PD CAMPBELL, CLIFFORD A 2213 S.W. SEVENTH STREET OCALA, FL 34472 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T. JANE LAWRENCE <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4 CEDAR WAY OCALA Florida 34472
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD THOMPSON, ICILDA 8940 S.E. 88TH AVENUE OCALA, FL 34352 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DORRETHE FOLKS <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 33 FIR DRIVE OCALA FL 34472
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DUNCAN, EMEL 6 HICKORY LOOP TERRACE OCALA, FL 34472 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GILBERT HANSON <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9323 Bahia Rd OCALA FL 34472
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DUNCAN, JOSIAH 6 HICKORY LOOP TERRACE OCALA, FL 34472 <input checked="" 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	D PRINCE, AMELIUS 16 ONE CIRCLE WAY OCALA, FL 34472 <input checked="" 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	D CAMPBELL, SHILEY 2213 SW SEVENTH ST OCALA, FL 34472 <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 exemptions contained in Chapter 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: JANE LAWRENCE		<i>Jane Lawrence</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

ATTACHMENT  
66015756  
N000000C07164

*The Wayside Church of God*

Pastor C. CAMPBELL  
Pastor J. DUNCAN, ASS.  
J. LAWRENCE, Secretary



The Wayside Church of God  
9325 S.E. Maricamp Rd.  
Ocala, FL 34472  
Phone 680-0777

5-5-06

*To whom it may concern.*

*Enclose please two checks in the amount of  
8161-25 + 8-75. also the corrected report.*

*Thank you  
Jane Lawrence*