

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000762

FILED  
Apr 30, 2011  
Secretary of State

**Entity Name:** Q.T. WALLACE SR. MINISTRIES, INC.

**Current Principal Place of Business:**

1100 SCOTT AVENUE  
SANFORD, FL 32771

**New Principal Place of Business:**

**Current Mailing Address:**

1100 SCOTT AVENUE  
SANFORD, FL 32771

**New Mailing Address:**

**FEI Number:** 59-3623645

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WALLACE, QUINTIN T SR.  
1100 SCOTT AVENUE  
SANFORD, FL 32771 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** WALLACE, QUINTIN T SR.  
**Address:** 1100 SCOTT AVENUE  
**City-St-Zip:** SANFORD, FL 32771 US

**Title:** SD  
**Name:** WALLACE, ELGA R  
**Address:** 1100 SCOTT AVENUE  
**City-St-Zip:** SANFORD, FL 32771 US

**Title:** TD  
**Name:** WALKER, NATARSHA J  
**Address:** 1100 SCOTT AVE.  
**City-St-Zip:** SANFORD, FL 32771 US

**Title:** TD  
**Name:** WALLACE, ELGENA T  
**Address:** 1100 SCOTT AVENUE  
**City-St-Zip:** SANFORD, FL 32771 US

**Title:** TD  
**Name:** WALLACE, AHZYHA C  
**Address:** 1100 SCOTT AVENUE  
**City-St-Zip:** SANFORD, FL 32771 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** QUINTIN T. WALLACE, SR.

PRES

04/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date