

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N22501 (3)
1. Corporation Name
WALLACE BAPTIST CHURCH, INC.



Principal Place of Business: **6601 CHUMUCKLA HWY PACE FL 32571 US**
Mailing Address: **3450 GARDENVIEW ROAD PACE FL 32571 US**

3. Date Incorporated or Qualified: **09/16/1987**
3a. Date of Last Report: **01/23/1995**

21	2. Principal Place of Business 6601 Chumuckla Hwy.	2a. Mailing Address (Same as Above)	26	4. FEI Number 59-2334171	Applied For <input type="checkbox"/> Not Applicable
22	Suite, Apt. #, etc. Pace, Florida	Suite, Apt. #, etc.	27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State (Same)	City & State	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip 32571	Country US	25	29	30
			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent WYROSDICK, SANDRA, E 3450 GARDENVIEW ROAD PACE FL 32571				10. Name and Address of New Registered Agent	
81	Name (Same)				
82	Street Address (P.O. Box Number is Not Acceptable)				
83					
84	City				85
				FL	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Sandra E. Wyrosdick DATE: 2/17/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WYROSDICK, JEARL H		1.2 NAME	Enfinger, David			
STREET ADDRESS	3450 GARDENVIEW ROAD		1.3 STREET ADDRESS	8200 Chumuckla Hwy.			
CITY-ST-ZIP	PACE FL		1.4 CITY-ST-ZIP	Pace, Florida 32571			
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CAMPBELL, BEVERLY		2.2 NAME	Campbell, Beverly			
STREET ADDRESS	6317 CHUMUCKLA HWY.		2.3 STREET ADDRESS	6317 Chumuckla Hwy.			
CITY-ST-ZIP	MILTON FL		2.4 CITY-ST-ZIP	Milton, Florida 32571			
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FOWLER, MYRA		3.2 NAME				
STREET ADDRESS	6121 LEON LANE		3.3 STREET ADDRESS				
CITY-ST-ZIP	PACE FL		3.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ANDREWS, STEPHEN		4.2 NAME				
STREET ADDRESS	3597 BARLEY ROAD		4.3 STREET ADDRESS				
CITY-ST-ZIP	PACE FL		4.4 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GILES, TORBY		5.2 NAME	Miller, Leon			
STREET ADDRESS	3786 AUBRY LANE		5.3 STREET ADDRESS	6187 Chumuckla Hwy.			
CITY-ST-ZIP	MILTON FL		5.4 CITY-ST-ZIP	Milton, Florida 32571			
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mrs. Beverly Campbell Beverly Campbell 2/17/96 904-994-5017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)