

2-12-97 B-1796 C
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FILED
 Feb 12 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32571-7335 US
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3. Date Incorporated or Qualified 09/16/1987	3a. Date of Last Report 02/26/1996
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number 59-2334171	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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 FL
85 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 Sandra E Wyrosdick, Secretary 2/3/97
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENFINGER, DAVID	1.2 NAME	
STREET ADDRESS	8200 CHUMUCKLA HWY	1.3 STREET ADDRESS	
CITY-ST-ZIP	PACE FL	1.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, BEVERLY	2.2 NAME	Pam Hill
STREET ADDRESS	8317 CHUMUCKLA HWY.	2.3 STREET ADDRESS	3560 Victory Drive
CITY-ST-ZIP	MILTON FL	2.4 CITY-ST-ZIP	Pace, Fl. 32571
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOWLER, MYRA	3.2 NAME	Denise Fritz
STREET ADDRESS	6121 LEON LANE	3.3 STREET ADDRESS	1646 Enfinger Rd
CITY-ST-ZIP	PACE FL	3.4 CITY-ST-ZIP	Pace, Fl. 32571
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 type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, LEON	5.2 NAME	Leon Miller
STREET ADDRESS	6187 CHUMUCKLA HWY	5.3 STREET ADDRESS	6187 Chumuckla Hwy.
CITY-ST-ZIP	MILTON FL	5.4 CITY-ST-ZIP	Pace, Fl. 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: Leon Miller **REQUIRE Miller** 2/3/97 904-994-6394
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0074553

CR2E037 (9/96)