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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N22501

1. Corporation Name

WALLACE BAPTIST CHURCH, INC.

* 1 5 5 1 7 0 *

155170-90071-7

Principal Place of Business

Mailing Address

6601 CHUMUCKLA HWY
 PACE FL 32571
 US

3450 GARDENVIEW ROAD
 PACE FL 32571
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

09/16/1987

22 City & State

27 City & State

4. FEI Number
 59-2334171

Applied For
 Not Applicable

23 Zip Country

28 Zip Country

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

24

25

29

30

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WYROSZDICK, SANDRA, E
 3450 GARDENVIEW ROAD
 PACE FL 32571

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. Wyroszdzick
 Signature, typed or printed name of registered agent and title if applicable.

Sandra E. Wyroszdzick
 (NOTE: Registered Agent signature required when reinstating)

DATE 1/22/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** DELETE
 NAME **ENFINGER, DAVID**
 STREET ADDRESS **8200 CHUMUCKLA HWY**
 CITY-ST-ZIP **PACE FL**

1.1 TITLE Change Addition
 1.2 NAME **Wyroszdzick, Timothy**
 1.3 STREET ADDRESS **7082 Chumuckla Hwy.**
 1.4 CITY-ST-ZIP **Pace, Fl. 32571**

TITLE **P** DELETE
 NAME **HILL, PAM**
 STREET ADDRESS **2560 VICTORY DRIVE**
 CITY-ST-ZIP **PACE FL 32571**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS **3560 Victory Drive**
 2.4 CITY-ST-ZIP **(Correction)**

TITLE **D** DELETE
 NAME **FRITZ, DENISE**
 STREET ADDRESS **1646 ENFINGER RD.**
 CITY-ST-ZIP **PACE FL**

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE **D** DELETE
 NAME **LUNSFORD, FERRER**
 STREET ADDRESS **3936 RANCH RD**
 CITY-ST-ZIP **PACE FL 32571**

4.1 TITLE Change Addition
 4.2 NAME **Correction in name (spelling)**
 4.3 STREET ADDRESS **Lunford, Ferrer**
 4.4 CITY-ST-ZIP

TITLE **D** DELETE
 NAME **MILLER, LEON**
 STREET ADDRESS **6187 CHUMUCKLA HWY.**
 CITY-ST-ZIP **PACE FL 32571**

5.1 TITLE Change Addition
 5.2 NAME **Thompson, Oliver**
 5.3 STREET ADDRESS **1771 Enfinger Rd.**
 5.4 CITY-ST-ZIP **Pace, Fl. 32571**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

H. SIGNATURE REQUIRED with a Seal
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)