

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90153 006 ****61.25

DOCUMENT # N22501

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2334171

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WYROSDICK, SANDRA, E
 3450 GARDENVIEW ROAD
 PACE FL 32571

Name Same

Street Address (P.O. Box Number is Not Acceptable)

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.

SIGNATURE: Sandra E. Wyrosdick, Sandra E. Wyrosdick Secretary 1/15/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **D**
 STREET ADDRESS **WYROSDICK, TIMOTHY**
 CITY-ST-ZIP **7082 CHUMUCKLA HWY**
PACE FL 32571

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 STREET ADDRESS **LOCKETT, ANNE**
 CITY-ST-ZIP **5024 PONITZ PKWY**
PACE FL 32571

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 STREET ADDRESS **FOWLER, MYRA**
 CITY-ST-ZIP **6121 LEON LN**
PACE FL 32571

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME ~~**D**~~
 STREET ADDRESS ~~**LUNSFORD, FERREN**~~
 CITY-ST-ZIP ~~**3936 RANCH RD**~~
~~**PACE FL 32571**~~

TITLE Change Addition
 NAME Louise Enfinger
 STREET ADDRESS Louise Enfinger
 CITY-ST-ZIP 3210 Chumuckla Hwy.
Pace, Florida 32571

TITLE Delete
 NAME **P**
 STREET ADDRESS **THOMPSON, OLIVER**
 CITY-ST-ZIP **6405 THREE OAKS LN**
PACE FL 32571

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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: Timothy Wyrosdick **1/15/01 850-994-5711**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)