

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90015 017 ****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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

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. Name and Address of Current Registered Agent
WYROSDICK, SANDRA, E
3450 GARDENVIEW ROAD
PACE FL 32571

7. Name and Address of New Registered Agent
 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** DATE: **1/15/2002**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	D <input checked="" type="checkbox"/> Delete
NAME	WYROSDICK, TIMOTHY
STREET ADDRESS	7082 CHUMUCKLA HWY
CITY-ST-ZIP	PACE FL 32571
TITLE	D <input type="checkbox"/> Delete
NAME	LOCKETT, ANNE
STREET ADDRESS	5024 PONITZ PKWY
CITY-ST-ZIP	PACE FL 32571
TITLE	D <input type="checkbox"/> Delete
NAME	FOWLER, MYRA
STREET ADDRESS	6121 LEON LN
CITY-ST-ZIP	PACE FL 32571
TITLE	D <input type="checkbox"/> Delete
NAME	ENFINGER, LOUISE
STREET ADDRESS	8210 CHUMUEKLA HWY
CITY-ST-ZIP	PACE FL 32571
TITLE	P <input checked="" type="checkbox"/> Delete
NAME	THOMPSON, OLIVER
STREET ADDRESS	6405 THREE OAKS LN
CITY-ST-ZIP	PACE FL 32571
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Miller, Leon
STREET ADDRESS	6187 Chumuckla Hwy.
CITY-ST-ZIP	Pace, Florida 32571
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dunn, Helen
STREET ADDRESS	6281 Billoree Rd.
CITY-ST-ZIP	Pace, Florida 32571
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Leon Miller* **LEON MILLER** DATE: **1/15/2002** DAYTIME PHONE #: **850-994-6394**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)