


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 26, 2004 8:00 am**  
**Secretary of State**

01-26-2004 90017 047 \*\*\*\*61.25

|   |  |  |   |
|---|--|--|---|
| DOCUMENT # N22501   |  |   |   |
| 1. Entity Name<br>WALLACE BAPTIST CHURCH, INC.  |  |  |   |
| Principal Place of Business<br>6601 CHUMUCKLA HWY<br>PACE, FL 32571 US  |  | Mailing Address<br>3450 GARDENVIEW ROAD<br>PACE, FL 32571 US   |   |
| 2. Principal Place of Business<br><i>Same as Above</i>  |  | 3. Mailing Address<br><i>Same as Above</i>   |   |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |   |
| City & State  |  | City & State   |   |
| Zip   | Country  | Zip  | Country   |
| 6. Name and Address of Current Registered Agent<br>WYROSDICK, SANDRA, E<br>3450 GARDENVIEW ROAD<br>PACE, FL 32571   |  | 7. Name and Address of New Registered Agent<br>Name: <i>Wyrosdick, Sandra, E.</i><br>Street Address (P.O. Box Number is Not Acceptable): <i>3450 Gardenview Road</i><br><i>Same</i><br>City: <i>Pace</i> FL Zip Code: <i>32571</i> |   |
| 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. I am familiar with, and accept the obligations of registered agent.   |  |  |   |
| SIGNATURE: <i>Sandra E. Wyrosdick, Sandra E. Wyrosdick</i> 1/18/04  |  | DATE: <i>1/18/04</i>   |   |
| Filing Fee is \$61.25 Due by May 1, 2004  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees   |   |
|   |  | Make check payable to Florida Department of State  |   |
| 10. OFFICERS AND DIRECTORS  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |   |
| TITLE: <i>P</i>   | NAME: MILLER, LEON<br>STREET ADDRESS: 6187 CHUMUCKLA HWY<br>CITY-ST-ZIP: PACE, FL 32571                                      | TITLE: <i>D</i>  | NAME: <i>Miller, Leon</i><br>STREET ADDRESS: <i>6187 Chumuckla Hwy.</i><br>CITY-ST-ZIP: <i>Pace, Fl. 32571 (Director)</i> |
| TITLE: <i>D</i>   | NAME: HABECKER, PIERRE<br>STREET ADDRESS: 5424 EDUCATION DRIVE<br>CITY-ST-ZIP: PACE, FL 32571                                | TITLE:   | NAME:   |
| TITLE: <i>D</i>   | NAME: WATTS, JOHN DAVID<br>STREET ADDRESS: 3475 MAHOGANY DRIVE<br>CITY-ST-ZIP: PACE, FL 32571                                | TITLE:   | NAME:   |
| TITLE: <i>D</i>   | NAME: <del>ENFINGER, LOUISE</del><br>STREET ADDRESS: <del>8210 CHUMUCKLA HWY</del><br>CITY-ST-ZIP: <del>PACE, FL 32571</del> | TITLE:   | NAME:   |
| TITLE: <i>D</i>   | NAME: DUNN, HELEN<br>STREET ADDRESS: 6281 BILLOREE RD<br>CITY-ST-ZIP: PACE, FL 32571   | TITLE:   | NAME:   |
| TITLE: <i>P</i>   | NAME: <i>Beverly Campbell</i><br>STREET ADDRESS: <i>6317 Chumuckla Hwy.</i><br>CITY-ST-ZIP: <i>Pace, Fl. 32571</i>           | TITLE: <i>P</i>  | NAME: <i>Beverly Campbell</i><br>STREET ADDRESS: <i>6317 Chumuckla Hwy.</i><br>CITY-ST-ZIP: <i>Pace, Fl. 32571</i>        |
| 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: <i>Mrs Beverly Campbell</i>  |  | DATE: <i>1/18/04</i>   |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  | Date   |   |