

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90030 047 ****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 *Same*
 Suite, Apt. #, etc. *Same*

3. Mailing Address *Same*
 Suite, Apt. #, etc. *Same*

City & State

Zip Country Zip Country

01082005 Chg-NP CR2E037 (10/03)

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
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Sandra E. Wyrosdick* *Sandra E. Wyrosdick* *1/20/05*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee Is \$61.25
Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MILLER, LEON	
STREET ADDRESS	6187 CHUMUCKLA HWY	
CITY-ST-ZIP	PACE, FL 32571	
TITLE	D	<input type="checkbox"/> Delete
NAME	HABECKER, PIERRE	
STREET ADDRESS	5424 EDUCATION DRIVE	
CITY-ST-ZIP	PACE, FL 32571	
TITLE	D	<input type="checkbox"/> Delete
NAME	WATTS, JOHN DAVID	
STREET ADDRESS	3475 MAHOGANY DRIVE	
CITY-ST-ZIP	PACE, FL 32571	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BUNN, HELEN	
STREET ADDRESS	6281 BILLOREE RD	
CITY-ST-ZIP	PACE, FL 32571	
TITLE	P	<input type="checkbox"/> Delete
NAME	CAMPBELL, BEVERLY	
STREET ADDRESS	6317 CHUMUCKLA HWY	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wyrosdick, Jearl	
STREET ADDRESS	3450 Garden view Rd	
CITY-ST-ZIP	Pace, FL 32571 US	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tidwell, Carolyn	
STREET ADDRESS	8049 Tidwell Rd	
CITY-ST-ZIP	Pace, FL 32571 US	
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		

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: *Beverly Campbell* *Beverly Campbell* *1/20/05* *850-994-5017*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #