


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 25, 2007 8:00 am**  
**Secretary of State**

01-25-2007 90051 010 \*\*\*\*61.25

<b>DOCUMENT # N22501</b>			
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 - No P.O. Box #	
3. Mailing Address		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 <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WYROSICK, SANDRA, E 3450 GARDENVIEW ROAD PACE, FL 32571		Name <u>Same</u> Street Address (P.O. Box Number is Not Acceptable) City <u>FL</u> 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 <u>Sandra E Wyrosdick</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u>Sandra E Wyrosdick</u> <small>(NOTE: Registered Agent signature required when registering)</small>	
DATE <u>1/16/07</u>			
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	D WYROSIAK, JEARL 3450 GARDENVIEW ROAD PACE, FL 32571 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHELL, CYNTHIA 8530 CHUMUCKLA HWY PACE, FL 32571 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>D</del> <del>LEE, JAMES</del> 6451 CHUMUCKLA HWY PACE, FL 32571 <input type="checkbox"/> Delete	TITLE <u>P</u> NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>Lee, James</u> <u>6451 Chumuckla Hwy.</u> <u>Pace, Fl. 32571</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIDWELL, CAROLYN 8049 TIDWELL ROAD PACE, FL 32571 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>P</del> <del>CAMPBELL, BEVERLY</del> <del>6317 CHUMUCKLA HWY</del> <del>PACE, FL 32571</del> <input checked="" type="checkbox"/> Delete	TITLE <u>D</u> NAME STREET ADDRESS CITY-ST-ZIP	<u>Smith, Samuel</u> <u>6399 Quintette Rd</u> <u>Pace, Fl. 32571</u> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>James Lee</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>James Lee, President</u> Date <u>1/16/07</u> Daytime Phone # <u>850-994-8875</u>	