

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 08, 2008 8:00 am**  
**Secretary of State**

02-08-2008 90037 042 \*\*\*\*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 - No P.O. Box # Same  
 Suite, Apt. #, etc.

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

City & State  
 Zip Country Zip Country

01092008 Chg-NP CR2E037 (12/06)

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 /28/08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining) DATE

Filing Fee is \$61.25 Due by May 1, 2008

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <del>WYROSDIAK, JEARL</del> <del>3450 GARDENVIEW ROAD</del> <del>PACE, FL 32571</del> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D Shelley, Lewis 5796 Windermere Trace Pace, Fl 32571
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	P LEA, JAMES 6451 CHUMUCKLA HWY PACE, FL 32571 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition P Lee, James 6451 Chumuckla Hwy Pace, Fl.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <del>TIDWELL, CAROLYN</del> <del>8049 TIDWELL ROAD</del> PACE, FL 32571 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D Dilmore, Charlotte 4100 Hwy. 180 Jay, FL 32565
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <del>CAMPBELL, BEVERLY</del> <del>6309 QUINETTE RD</del> PACE, FL 32571 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D Smith, Samuel 6399 Quinette Rd. Pace, FL 32571
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: James Lee James Lee /28/08 850-994-8875  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #