

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90078 014 ****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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2334171** Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WYROSDICK, SANDRA, E
3450 GARDENVIEW ROAD
PACE FL 32571**

Name **Same**
Street Address (P.O. Box Number is Not Acceptable)
3450 Gardenview Rd.
City **Pace** State **FL** Zip Code **32571**

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** **1/13/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

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	P	<input type="checkbox"/> Delete
NAME	MILLER, LEON	
STREET ADDRESS	6187 CHUMUCKLA HWY	
CITY-ST-ZIP	PACE FL 32571	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LOCKETT, ANNE-	
STREET ADDRESS	5024 PONITZ PKWY	
CITY-ST-ZIP	PACE FL 32571	
TITLE	D	<input checked="" 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 CHUMUCKLA HWY	
CITY-ST-ZIP	PACE FL 32571	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUNN, HELEN	
STREET ADDRESS	6281 BILLOREE RD	
CITY-ST-ZIP	PACE FL 32571	
TITLE		<input type="checkbox"/> Delete
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	Ha becker, Pierre	
STREET ADDRESS	5424 Education Drive	
CITY-ST-ZIP	Pace, Fl. 32571	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dwatts, John David	
STREET ADDRESS	3475 mahogany Drive	
CITY-ST-ZIP	Pace, Fl. 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: **MS SIGNATURE REQUIRED** **Leon Miller** **1/19/03 850-994-6394**

CR2E037 (10/02)