
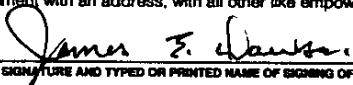


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90225 015 \*\*\*\*61.25

<b>DOCUMENT # N34271</b>					
1. Entity Name <b>WAYSIDE BAPTIST CHURCH, INC.</b>					
Principal Place of Business <b>7831 CAMP MACK ROAD LAKE WALES, FL 33853</b>		Mailing Address <b>7831 CAMP MACK ROAD LAKE WALES, FL 33853</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number <b>59-2976066</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>HUDSON, B. J. 2289 WALK-IN-WATER ROAD LAKE WALES, FL 33853</b>			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
			<b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HUDSON, B. J.	NAME			
STREET ADDRESS	2289 WALK-IN-WATER ROAD	STREET ADDRESS			
CITY-ST-ZIP	LAKE WALES, FL	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DAWSON, JAMES E	NAME	<b>DEACON JAMES E DAWSON</b>		
STREET ADDRESS	3616 WHITE OAK CT	STREET ADDRESS	<b>3616 WHITE OAK COURT</b>		
CITY-ST-ZIP	LAKE WALES, FL	CITY-ST-ZIP	<b>LAKE WALE, FLORIDA 33898</b>		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WOODALL, FRED	NAME			
STREET ADDRESS	4829 LAKE KOTSA DRIVE	STREET ADDRESS			
CITY-ST-ZIP	LAKE WALES, FL 33853	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	<b>T. J. HAND</b>	NAME			
STREET ADDRESS	<b>7847 MONDALE AVENUE</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>LAKE WALES, FLORIDA 33898</b>	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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.					
<b>SIGNATURE:</b> 		<b>JAMES E. DAWSON</b>		Date <b>4-19-05</b> 863-696-1126	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	