


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N34271
 1. Entity Name
WAYSIDE BAPTIST CHURCH, INC.



Principal Place of Business 7831 CAMP MACK ROAD LAKE WALES, FL 33853	Mailing Address 7831 CAMP MACK ROAD LAKE WALES, FL 33853
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02062006 No Chg-NP CRZE037 (11/05)

4. FEI Number 59-2976066	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

HUDSON, B. J.
 2289 WALK-IN-WATER ROAD
 LAKE WALES, FL 33853

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

Filing Fee is \$61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUDSON, B. J. 2289 WALK-IN-WATER ROAD LAKE WALES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAWSON, JAMES E 3616 WHITE OAK CT LAKE WALES, FL 33898
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAND, T J 7847 MONDALE AVE LAKE WALES, FL 33898
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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 E. Dawson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-06 823-696 1126
Date Daytime Phone #