


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

**FILED**  
**Feb 12, 2007 08:00 AM**  
**Secretary of State**

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



Principal Place of Business      Mailing Address  
**7831 CAMP MACK ROAD**      **7831 CAMP MACK ROAD**  
**LAKE WALES, FL 33853**      **LAKE WALES, FL 33853**

**DO NOT WRITE IN THIS SPACE**



02052007 No Chg-NP      CR2E037 (4/06)

4. FEI Number      Applied For  
**59-2976066**      Not Applicable

5. Certificate of Status Desired            **\$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 reissuing)

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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

000000632381  
 02/21/07-80019-023 61.25

**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 3816 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:** *Joan Vukich* **JOAN VUKICH**      1-8-2007      863-696-1126  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #