

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 09, 2009  
Secretary of State**

DOCUMENT# N34271

Entity Name: WAYSIDE BAPTIST CHURCH, INC.

**Current Principal Place of Business:**

7831 CAMP MACK ROAD  
LAKE WALES, FL 33853

**New Principal Place of Business:**

**Current Mailing Address:**

7831 CAMP MACK ROAD  
LAKE WALES, FL 33853

**New Mailing Address:**

FEI Number: 59-2976066      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHLENKER, HERBERT J  
981 S. LAKE STARR BLVD.  
LAKE WALES, FL 33898      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: SCHLENKER, HERBERT J  
Address: 981 S. LAKE STARR BLVD.  
City-St-Zip: LAKE WALES, FL 33898

Title: D      ( ) Delete  
Name: DAWSON, JAMES E  
Address: 3616 WHITE OAK CT  
City-St-Zip: LAKE WALES, FL 33898

Title: D      ( ) Delete  
Name: HODGE, FRANK  
Address: 50 ROSALIE OAKS BLVD.  
City-St-Zip: LAKE WALES, FL 33898

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PASTOR HERB SCHLENKER

P

03/09/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date