

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -9 AM 9:07

DOCUMENT # N14445 (3)

1. Corporation Name
DECOY BAPTIST CHURCH, INC.

Principal Place of Business Mailing Address
671 DECOY ROAD 671 DECOY RD.
GREEN COVE SPRINGS FL 32043 671 DECOY RD.
US GREEN COVE SPRINGS FL 32043

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/17/1986** 3a. Date of Last Report **06/14/1984**
4. FEI Number **59-2375777** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suits, Apt. #, etc. 26 Suits, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KEITH, RODNEY
671 DECOY RD.
GREEN COVE SPGS. FL 32043

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **T**
NAME **ROSE, JOE**
STREET ADDRESS **3845 FLOYD RD.**
CITY-ST-ZIP **GREEN COVE SPRGS FL**

TITLE **PDT**
NAME **STARLING, GENE**
STREET ADDRESS **P. O. BOX 260 N/A**
CITY-ST-ZIP **BOSTWICK FL**

TITLE **VDT**
NAME **PERRY, JIMMY**
STREET ADDRESS **809 COUNTRY LANE RD.**
CITY-ST-ZIP **GREEN COVE SPGS. FL**

TITLE **SDT**
NAME **GLISSON, J.W.**
STREET ADDRESS **P. O. BOX 262 N/A**
CITY-ST-ZIP **BOSTWICK FL**

TITLE **D**
NAME **PERRY, JIMMY**
STREET ADDRESS **809 COUNTRYLANE RD.**
CITY-ST-ZIP **GREEN COVE SPRINGS FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME **PDT**
2.3 STREET ADDRESS **Floyd Banks**
1025 Veno Rd.
Green Cove Spring 32043
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Joseph P Rose
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-95 (904)284-5223
DATE DAYTIME PHONE #