

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N14445** (3)

1. Corporation Name
DECOY BAPTIST CHURCH, INC.



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

3. Date Incorporated or Qualified: **04/17/1986**
3a. Date of Last Report: **03/09/1995**
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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
City & State: **28**
Zip: **24** Country: **25** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent: **KEITH, RODNEY 671 DECOY RD. GREEN COVE SPGS. FL 32043**
10. Name and Address of New Registered Agent: **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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	T <input type="checkbox"/> DELETE
NAME	ROSE, JOE
STREET ADDRESS	3845 FLOYD RD.
CITY-ST-ZIP	GREEN COVE SPRGS FL
TITLE	PDT <input type="checkbox"/> DELETE
NAME	BANKS, FLOYD
STREET ADDRESS	1028 LENO ROAD
CITY-ST-ZIP	GREEN COVE SPRINGS FL
TITLE	VDT <input type="checkbox"/> DELETE
NAME	PERRY, JIMMY
STREET ADDRESS	809 COUNTRY LANE RD.
CITY-ST-ZIP	GREEN COVE SPGS. FL
TITLE	SDT <input type="checkbox"/> DELETE
NAME	GLISSION, J.W.
STREET ADDRESS	P. O. BOX 262 N/A
CITY-ST-ZIP	BOSTWICK FL
TITLE	D <input type="checkbox"/> DELETE
NAME	PERRY, JIMMY
STREET ADDRESS	809 COUNTRYLANE RD.
CITY-ST-ZIP	GREEN COVE SPRINGS FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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 Treasurer 25796 (904) 284-5223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)