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**Feb 25 1997 8:00am  
Secretary of State**

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # N14445 (3)**

1. Corporation Name

**DECOY BAPTIST CHURCH, INC.**



Principal Place of Business

Mailing Address

**671 DECOY ROAD  
GREEN COVE SPRINGS FL 32043  
US**

**671 DECOY RD.  
671 DECOY RD.  
GREEN COVE SPRINGS FL 32043-8124**

3. Date Incorporated or Qualified **04/17/1986** 3a. Date of Last Report **02/09/1996**

2. Principal Place of Business		2a. Mailing Address	
21	26	Suite, Apt #, etc.	
22	27	City & State	
23	28	City & State	
24	25	29	30
Zip		Country	

4. FEI Number <b>59-2375777</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	<b>Gene Janda</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>667 Decoy Road</b>
83	
84 City	<b>Green Cove Springs FL</b>
85 Zip Code	<b>32043</b>

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 Gene Janda / Gene Janda Pastor (NOTE: Registered Agent signature required when reinstating) DATE **2/5/97**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Brenda Coon</b>
1.3 STREET ADDRESS	<b>1008 Confederate Ct.</b>
1.4 CITY-ST-ZIP	<b>Green Cove Springs</b>
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: Brenda R Coon DATE **2/5/97** DAYTIME PHONE # **284-5223**

CR2E037 (9/96)