

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Mar 24 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N14445 (3)**  
 1. Corporation Name  
**DECOY BAPTIST CHURCH, INC.**



Principal Place of Business <b>671 DECOY ROAD GREEN COVE SPRINGS FL 32043 US</b>	Mailing Address <b>671 DECOY RD. 671 DECOY RD. GREEN COVE SPRINGS FL 32043</b>
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3. Date Incorporated or Qualified  
**04/17/1986**

4. FEI Number  
**59-2375777**

Applied For	Not Applicable
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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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**GENE JANDA  
 667 DECOY ROAD  
 GREEN COVE SPRINGS 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  
 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRENDA COON</b>	1.2 NAME	
STREET ADDRESS	<b>1008 CONFEDERATE CT</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GREEN COVE SPRGS FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PDT</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BANKS, FLOYD</b>	2.2 NAME	<b>Armond Coulliette</b>
STREET ADDRESS	<b>1028 LENO ROAD</b>	2.3 STREET ADDRESS	<b>Rt. 2, Box 2082</b>
CITY-ST-ZIP	<b>GREEN COVE SPRINGS FL</b>	2.4 CITY-ST-ZIP	<b>Palatka, FL 32177</b>
TITLE	<b>VDT</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PERRY, JIMMY</b>	3.2 NAME	<b>Emory Frame</b>
STREET ADDRESS	<b>809 COUNTRY LANE RD.</b>	3.3 STREET ADDRESS	<b>810 Country Lane</b>
CITY-ST-ZIP	<b>GREEN COVE SPGS. FL</b>	3.4 CITY-ST-ZIP	<b>Green Cove Springs, FL 32043</b>
TITLE	<b>SDY</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GLISSON, J.W.</b>	4.2 NAME	
STREET ADDRESS	<b>P. O. BOX 282 N/A</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOSTWICK FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PERRY, JIMMY</b>	5.2 NAME	
STREET ADDRESS	<b>809 COUNTRYLANE RD.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GREEN COVE SPRINGS FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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* 284-5223

CP2E037 (10/97)