


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Jul 27, 1999 8:00 am**  
**Secretary of State**

07-27-1999 90009 041 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # N14445</b> ✓		
1. Corporation Name <b>DECOY BAPTIST CHURCH, INC.</b>		
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	

\* 5 996185 - 90009 - 41 5 \*



21	2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.	04/17/1986	59-2375777	Not Applicable
22	City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
23	Zip	Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
24	Country	Country	10. Name and Address of New Registered Agent		

9. Name and Address of Current Registered Agent

GENE JANDA  
 667 DECOY ROAD  
 GREEN COVE SPRINGS FL 32043

81 Name **RUSSELL HALL**

82 Street Address (P.O. Box Number is Not Acceptable)

83 **5355 Hwy 17 South**

84 City **GREEN COVE SPRINGS FL** 85 Zip Code **32043**

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 *Russell Hall* DATE **7-19-99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	T	<input checked="" type="checkbox"/>
NAME	BRENDA COON	
STREET ADDRESS	1008 CONFEDERATE CT	
CITY-ST-ZIP	GREEN COVE SPRGS FL	
TITLE	PDT	<input checked="" type="checkbox"/>
NAME	COULLETTE, ARMOND	
STREET ADDRESS	RT-2 BOX 2082	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE	VDT	<input checked="" type="checkbox"/>
NAME	FRAME, EMORY	
STREET ADDRESS	810 COUNTRY LN	
CITY-ST-ZIP	GREEN COVE SPGS. FL 32043	
TITLE	SDT	<input type="checkbox"/>
NAME	GLISSON, J.W.	
STREET ADDRESS	P. O. BOX 262 N/A	
CITY-ST-ZIP	BOSTWICK FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	T	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	CATHY J. ROBERTS		
1.3 STREET ADDRESS	717 OAKRIDGE AVE.		
1.4 CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043		
2.1 TITLE	TR	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	DEWEY H. GUTHRIE		
2.3 STREET ADDRESS	156 GUTHRIE Rd.		
2.4 CITY-ST-ZIP	BOSTWICK, FL 32007		
3.1 TITLE	TR	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	JAMES A. Williams Jr.		
3.3 STREET ADDRESS	1134 NORTH		
3.4 CITY-ST-ZIP	BOSTWICK, FL 32007		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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, with all other like empowered.

SIGNATURE: *Cathy J. Roberts* DATE: **7-19-99** DAYTIME PHONE #: **(904)284-5166**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

00096335  
CR2E037 (5/99)