

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14445

1. Entity Name

DECOY BAPTIST CHURCH, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90911 027 ****61.25

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 32043-8124



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2375777**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HALL, RUSSELL
 5355 HWY 17 SOUTH
 GREEN COVE SPRINGS FL 32043

Name Bobby Baker
 Street Address (P.O. Box Number is Not Acceptable)
671 Decoy Road
 City Green Cove Springs **FL** Zip Code 32043

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE Bobby Baker Bobby Baker 4/27/00
Signature, typed, or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME ROBERTS, CATHY J
 STREET ADDRESS 747 OAK RIDGE AVE
 CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

TITLE Change Addition
 NAME Treasurer
 STREET ADDRESS Denise Livingston
 CITY-ST-ZIP 6292 County Rd. 2095
Green Cove Springs 32043

TITLE Delete
 NAME GUTHRIE, DEWEY H
 STREET ADDRESS 158 GUTHRIE RD
 CITY-ST-ZIP BOSTWICK FL 32007

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME WILLIAMS, JAMES A JR
 STREET ADDRESS 1134 NORTH
 CITY-ST-ZIP BOSTWICK FL 32007

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Denise Livingston Denise Livingston 4/27/00 325-5521
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #